| | | | | • | |
|---------------------------------------|-------------------|------------------------|--|---|---------------------------------------|
| Fill in this inf | ormation to i | dentify your case | and this filing: | | |
| Debtor 1 | Timothy | Wayne | Giesalhart | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Sherri | Colette | Giesalhart | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Bar | nkruptcy Court fo | r the: WESTERN DI | STRICT OF TEXAS | | |
| Case number (if known) | <u>17-50706-G</u> | | | | k if this is an ded filing |
| Official Form Schedule A/ | | у | | | 12/15 |
| 1. Do you own o | or have any lega | l or equitable interes | ng, Land, or Other Real E | | e an Interest In |
| 1.1. 620 County Roa Texas 78114 | d 121, Floresv | ille, Check all | he property? that apply. e-family home | Do not deduct secured cla amount of any secured cl Creditors Who Have Clair | |
| Homestead | | ☐ Duple | ex or multi-unit building | Current value of the entire property? | Current value of the portion you own? |
| 2.265 Acres | | | ufactured or mobile home | \$18,120.00 | \$18,120.00 |
| | | Land | | | |
| Wilson County | | | stment property share | Describe the nature of y interest (such as fee sin | • |
| • | | Other | r | entireties, or a life estate | e), if known. |
| | | Who has Check on | an interest in the property? | Homestead | |
| | | ☐ Debto | or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors and anoth | Check if this is com (see instructions) | munity property |

Other information you wish to add about this item, such as local

property identification number:

| | Colette Giesalhart | Cas | se number (if known)17-5 | 0706-G |
|---|---|---|--|---|
| 1.2. 620 County Road 1 Texas 78114 homestead 2.38 acres Wilson County | 121, Floresville, | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other | Do not deduct secured clair amount of any secured clair Creditors Who Have Claim Current value of the entire property? \$19,710.00 Describe the nature of your interest (such as fee simple entireties, or a life estate). | ims on Schedule D: as Secured by Property. Current value of the portion you own? \$19,710.00 our ownership ole, tenancy by the |
| | | Who has an interest in the property? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☑ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ✓ Check if this is comm (see instructions) | nunity property |
| 2. Add the dollar v | alue of the portion you | Other information you wish to add about property identification number: own for all of your entries from Part 1, inclination | · | |
| | s you have attached fo ribe Your Vehicles | r Part 1. Write that number here | ····································· | \$37,830.00 |
| 3. Cars, vans, truc □ No ☑ Yes | ks, tractors, sport utilit | y vehicles, motorcycles | | |
| 3.1. Make: | Toyota Corolla | Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured clai amount of any secured cla Creditors Who Have Claim | ims on Schedule D: |
| Year: Approximate mileage: | 2007 | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Current value of the entire property? \$5,000.00 | Current value of the portion you own? \$5,000.00 |
| Other information: 2007 Toyota Corol miles) | la (approx. 141000 | Check if this is community property (see instructions) | | |
| 3.2. Make: Model: | Ford F-150 pickup | Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured clai amount of any secured cla Creditors Who Have Claim | ims on Schedule D: |
| Year: Approximate mileage: | 2001 | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Current value of the entire property? \$5,000.00 | Current value of the portion you own? \$5,000.00 |
| Other information: 2001 Ford F-150 pi 162000 miles) | ckup (approx. | Check if this is community property (see instructions) | · | |
| | | s and other recreational vehicles, other veh nal watercraft, fishing vessels, snowmobiles, n | | |

| | otor 1 otor 2 | Timothy Wayne Giesalhart Sherri Colette Giesalhart Case | e number (if known) | 17-50706-G |
|-----|--------------------|--|--------------------------|---|
| 5. | | e dollar value of the portion you own for all of your entries from Part 2, inclu- for pages you have attached for Part 2. Write that number here | | → \$10,000.00 |
| P | art 3: | Describe Your Personal and Household Items | | |
| Do | you own | or have any legal or equitable interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. | Exampl | old goods and furnishings es: Major appliances, furniture, linens, china, kitchenware | | |
| | ☐ No ✓ Yes | Describe See continuation page(s). | | \$3,500.00 |
| 7. | Electro Example | nics es: Televisions and radios; audio, video, stereo, and digital equipment; compute music collections; electronic devices including cell phones, cameras, media | • | |
| | ✓ No ☐ Yes | . Describe | | |
| 8. | | ibles of value es: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or stamp, coin, or baseball card collections; other collections, memorabilia, colle | • | |
| | ✓ No ☐ Yes | . Describe | | |
| 9. | | nent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool ta canoes and kayaks; carpentry tools; musical instruments | ıbles, golf clubs, skis; | |
| | ✓ No ☐ Yes | . Describe | | |
| 10. | Firearm Example | es: Pistols, rifles, shotguns, ammunition, and related equipment | | |
| | ✓ No ☐ Yes | . Describe | | |
| 11. | • | s es: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | | |
| | ☐ No ✓ Yes | . Describe men's, women's, and child's wearing clothes | | \$500.00 |
| 12. | Jewelry Example | r es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloo gold, silver | om jewelry, watches, g | ems, |
| | □ No ✓ Yes | . Describe woman's jewelry | | \$1,000.00 |
| 13. | | m animals es: Dogs, cats, birds, horses | | |
| | ✓ No ☐ Yes | . Describe | | |
| 14. | Any oth | ner personal and household items you did not already list, including any hea list | alth aids you | |
| | _ | . Give specific | | |

| Debtor 1 Debtor 2 | | Timothy Wayne Giesalhart Sherri Colette Giesalhart Case number (if known) 17-5 | 0706-G |
|----------------------|--|--|---|
| 15. | | e dollar value of all of your entries from Part 3, including any entries for pages you have d for Part 3. Write the number here | \$5,000.00 |
| P | art 4: | Describe Your Financial Assets | |
| | | or have any legal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | Cash Exampl | es: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition | |
| | □ No ✓ Yes | | \$300.00 |
| 17. | Deposi | ts of money les: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. | |
| | □ No ☑ Yes | | |
| | 17 | .1. Checking account: Falls City National Bank Commerical Checking account for TWG Trucking | \$2.27 |
| | 17 | .2. Checking account: Falls City National Bank, personal checking account | \$22.85 |
| 18. | Exampl ✓ No | mutual funds, or publicly traded stocks es: Bond funds, investment accounts with brokerage firms, money market accounts | |
| 19. | Non-pu an inter | Institution or issuer name: blicly traded stock and interests in incorporated and unincorporated businesses, including rest in an LLC, partnership, and joint venture G. Give specific remation about M. Name of entity: % of ownership: | |
| 20. | Govern Negotia Non-neg No | Mame of entity: % of ownership: ment and corporate bonds and other negotiable and non-negotiable instruments able instruments include personal checks, cashiers' checks, promissory notes, and money orders. agotiable instruments are those you cannot transfer to someone by signing or delivering them. as. Give specific armation about | |
| 21. | Retirent Example No Yes | m | |

| | tor 1 tor 2 | Timothy Wayne Giesalhart Sherri Colette Giesalhart | Case number (if known) 17-50 | 0706-G |
|-----|--------------------|--|--|---|
| 22. | Your sh Example | ty deposits and prepayments hare of all unused deposits you have made so that you may concles: Agreements with landlords, prepaid rent, public utilities (elemies, or others | | |
| | ☑ No | sInstitution name or indiv | vidual: | |
| 23. | √ No | ies (A contract for a specific periodic payment of money to you | i, either for life or for a number of years) | |
| | _ | s Issuer name and description: | | |
| 24. | 26 U.S. | ts in an education IRA, in an account in a qualified ABLE pr C. §§ 530(b)(1), 529A(b), and 529(b)(1). | ogram, or under a qualified state tuition pro | ogram. |
| | ✓ No | s Institution name and description. Separat | ely file the records of any interests. 11 U.S.C. | . § 521(c) |
| 25. | | equitable or future interests in property (other than anything sexercisable for your benefit | ng listed in line 1), and rights or | |
| | | s. Give specific ormation about them | | |
| 26. | | s, copyrights, trademarks, trade secrets, and other intellect les: Internet domain names, websites, proceeds from royalties | | |
| | _ | s. Give specific prmation about them | | |
| 27. | | es, franchises, and other general intangibles les: Building permits, exclusive licenses, cooperative associati | on holdings, liquor licenses, professional licer | ses |
| | ☑ No | | | |
| | | s. Give specific prmation about them | | |
| Mor | ney or pi | roperty owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref | unds owed to you | | |
| | № No | | | |
| | _ | s. Give specific information | Federa | l: |
| | | out them, including whether I already filed the returns | State: | |
| | and | the tax years | Local: | |
| 29. | - | support les: Past due or lump sum alimony, spousal support, child supp | port, maintenance, divorce settlement, propert | y settlement |
| | ☑ No | | | |
| | ☐ Yes | s. Give specific information | Alimony: | |
| | | | Maintenance: | |
| | | | Support: | |
| | | | Divorce settlement | : |
| | | | Property settlemen | t: |

| | tor 1 tor 2 | Timothy Wayne Giesalh Sherri Colette Giesalhai | | Case number (if known) | 17-50706-G |
|-----|----------------|---|---|---|--|
| | | | | Case number (ii known) | 11 00100 0 |
| 30. | | | | benefits, sick pay, vacation pay, workers ou made to someone else | 5' |
| | ✓ No ☐ Yes | . Give specific information | | | |
| 31. | Exampl | ts in insurance policies es: Health, disability, or life in | nsurance; health savings acco | unt (HSA); credit, homeowner's, or renter | r's insurance |
| | con | s. Name the insurance npany of each policy I list its value | mpany name: | Beneficiary: | Surrender or refund value: |
| 32. | If you a | | | s died fe insurance policy, or are currently | |
| | ✓ No ☐ Yes | s. Give specific information | | | |
| 33. | Exampl ✓ No | • | ner or not you have filed a law disputes, insurance claims, or t | wsuit or made a demand for payment rights to sue | |
| 34. | Other c | | claims of every nature, inclu | uding counterclaims of the debtor and | |
| | ☑ No | . Describe each claim | | | |
| 35. | Any fin | ancial assets you did not al | ready list | | |
| | ✓ No ☐ Yes | . Give specific information | | | |
| 36. | | | | any entries for pages you have | → \$325.12 |
| Pa | art 5: | Describe Any Busines | s-Related Property You | Own or Have an Interest In. Li | st any real estate in Part 1. |
| 37. | Do you | own or have any legal or e | quitable interest in any busir | ness-related property? | |
| | _ | Go to Part 6. Go to line 38. | | | |
| | | | | | Current value of the portion you own? Do not deduct secured |
| 38. | Accour | nts receivable or commission | ons you already earned | | claims or exemptions. |
| | ✓ No | . Describe | | | |
| 39. | | equipment, furnishings, and es: Business-related comput desks, chairs, electronic | ers, software, modems, printe | rs, copiers, fax machines, rugs, telephone | es, |
| | ✓ No ☐ Yes | . Describe | | | |

| | Sherri Colette Giesalhart Sherri Colette Giesalhart | Case number (if known)17-50706-G |
|-----|---|--|
| 40. | Machinery, fixtures, equipment, supplies you use in business, an | d tools of your trade |
| 41. | ☐ No ☐ Yes. Describe See continuation page(s). Inventory | \$127,138.00 |
| | ✓ No ☐ Yes. Describe | |
| 42. | Interests in partnerships or joint ventures | |
| | ✓ No ☐ Yes. Describe Name of entity: | % of ownership: |
| 43. | Customer lists, mailing lists, or other compilations | |
| | No Yes. Do your lists include personally identifiable information No Yes. Describe | (as defined in 11 U.S.C. § 101(41A))? |
| 44. | Any business-related property you did not already list | |
| | ✓ No✓ Yes. Give specific information. | |
| 45. | Add the dollar value of all of your entries from Part 5, including a attached for Part 5. Write that number here | |
| P | art 6: Describe Any Farm- and Commercial Fishing-R If you own or have an interest in farmland, list it in P | |
| 46. | Do you own or have any legal or equitable interest in any farm-or | commercial fishing-related property? |
| | ✓ No. Go to Part 7. ☐ Yes. Go to line 47. | |
| | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 47. | Farm animals Examples: Livestock, poultry, farm-raised fish | · |
| | ✓ No Yes | |
| 48. | Cropseither growing or harvested | |
| | ✓ No ☐ Yes. Give specific information | |
| 49. | Farm and fishing equipment, implements, machinery, fixtures, an | d tools of trade |
| | ✓ No ☐ Yes | |
| 50. | | |
| | Farm and fishing supplies, chemicals, and feed | |

| Deb Deb | ,, | Case nu | umber (if known) 17- | 50706-G | | | | |
|------------|---|---------------------|------------------------------|----------------|--|--|--|--|
| 51. | Any farm- and commercial fishing-related property you did not | already list | | | | | | |
| | ✓ No ☐ Yes. Give specific information | | | | | | | |
| 52. | \$0.00 | | | | | | | |
| Pa | Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above | | | | | | | |
| 53. | Do you have other property of any kind you did not already list Examples: Season tickets, country club membership | ? | | | | | | |
| | No ✓ Yes. Give specific information. | | | | | | | |
| | Mobile Home located at 620 County Road 121, Flore | sville, Texas 78114 | | \$16,880.00 | | | | |
| 54. | 54. Add the dollar value of all of your entries from Part 7. Write that number here → | | | | | | | |
| Pa | Int 8: List the Totals of Each Part of this Form | | | | | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$37,830.00 | | | | |
| 56. | Part 2: Total vehicles, line 5 | \$10,000.00 | | | | | | |
| 57. | Part 3: Total personal and household items, line 15 | \$5,000.00 | | | | | | |
| 58. | Part 4: Total financial assets, line 36 | \$325.12 | | | | | | |
| 59. | Part 5: Total business-related property, line 45 | \$127,138.00 | | | | | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | | | | | |
| 61. | Part 7: Total other property not listed, line 54 | \$16,880.00 | | | | | | |
| 62. | Total personal property. Add lines 56 through 61 | \$159,343.12 | Copy personal property total | + \$159,343.12 | | | | |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$197,173.12 | | | | |

| 000 | | Case number (if known) | 17-30706-6 | |
|-----|-----------------|---|------------|-------------|
| • | | hald was de and formishings (details). | | |
| 6. | House | hold goods and furnishings (details): | | |
| | House | ehold goods & furnishings located at 620 County Road 121, Floresville, Texas 78114 | | \$1,500.00 |
| | electr | onic equipment/home appliances | | \$2,000.00 |
| 40. | Machir | nery, fixtures, equipment, supplies you use in business, and tools of your trade (details): | | |
| | | Peterbilt Model 379 tractor trailer, vin#**********7715 2,061,710 miles | | \$25,000.00 |
| | 2007 \$ | Sterling trailer, vin #********5034 with 148,600 miles | | \$12,000.00 |
| | 2004 I miles | International, Model 9900, semitractor trailer truck, vin#********9519 with 500,067 | | \$30,000.00 |
| | 1994 \ | Wabash, Model 53, VN, vin#*********1616 | | \$4,000.00 |
| | 2001 l | Utility, Model 53, vin# **********2907 | | \$13,000.00 |
| | 2005 L | Lufkin, model 53, VN, vin#********6180 | | \$15,000.00 |
| | 2007 | XL Special Step Deck, vin#*********7340 | | \$17,238.00 |
| | 1996 V | Wabash, Model 53, trailer vin#**********0676 | | \$5,500.00 |
| | Mahai | ndra 4530 4WD tractor S/N USMN1364 | | \$3,900.00 |
| | TX Bra | agg Trailer, vin#*********5340 | | \$1,500.00 |

| Debtor 1 | Timothy First Name | Wayne Middle Name | Giesalha Last Name | rt | | |
|--|--|--|---|--|--|--|
| Debtor 2 | Sherri | Colette | Giesalha | rt | | |
| (Spouse, if filing) | | Middle Name | Last Name N DISTRICT OF TE | EVAC | | |
| | | THE. VVESTER | N DISTRICT OF TE | LAAG | | Check if this is an amended filing |
| Case number (if known) | 17-50706-G | | | | | amonasa ming |
| official Form | 106C | | | | | |
| chedule C | The Prope | erty You Cl | aim as Exemp | ot | | 04/ |
| sing the property pace is needed, fi | you listed on Sch | nedule A/B: Prope o this page as m | erty (Official Form 10 | 6A/B) as your s | ource, list th | esponsible for supplying correct informatio e property that you claim as exempt. If mo essary. On the top of any additional pages |
| to state a speci empted up to th ceive certain be emption of 100 | fic dollar amount le amount of any nefits, and tax-ex % of fair market v | t as exempt. Alt applicable stat xempt retiremer value under a la | ternatively, you may utory limit. Some ex nt fundsmay be unl w that limits the exe | claim the full cemptionssud imited in dolla mption to a pa | fair market ch as those r amount. I | you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an lar amount and the value of the le statutory amount. |
| Part 1: Ide | ntify the Prop | erty You Cla | im as Exempt | | | |
| Which set of | exemptions are y | you claiming? | Check one only, | even if vour sp | ouse is filina | with you. |
| | | | - | · · · / · · · / | | , |
| سنا | claiming state and claiming federal e | | kruptcy exemptions. J.S.C. § 522(b)(2) | | ŭ | , |
| You are | claiming federal e | xemptions. 11 L | | 11 U.S.C. § 52 | 2(b)(3) | ŕ |
| You are of For any properief description of | claiming federal e | xemptions. 11 L Schedule A/B th nd line on | J.S.C. § 522(b)(2) | 11 U.S.C. § 52 | 2(b)(3) nformation | ŕ |
| You are of the for any properief description of | claiming federal e erty you list on S of the property a | xemptions. 11 L Schedule A/B th nd line on | J.S.C. § 522(b)(2) at you claim as exer Current value of the portion you | npt, fill in the i | 2(b)(3) nformation e ou claim ne box for | below. |
| For any propief description of the dule A/B that | claiming federal e erty you list on S of the property a | xemptions. 11 L Schedule A/B th nd line on | J.S.C. § 522(b)(2) at you claim as exer Current value of the portion you own Copy the value from | npt, fill in the i Amount of th exemption you Check only or each exempti | 2(b)(3) nformation e ou claim ne box for | below. |
| For any propief description of the dule A/B that dief description: omestead | claiming federal e erty you list on S of the property a | xemptions. 11 L Schedule A/B th nd line on | J.S.C. § 522(b)(2) at you claim as exer Current value of the portion you own Copy the value from Schedule A/B | npt, fill in the i Amount of the exemption you cach exemption The state of the exemption of the each exemption in the each exempti | nformation e ou claim ne box for on 120.00 fair market | below. Specific laws that allow exemption |
| For any propief description of the dule A/B that description: omestead 265 Acres | claiming federal e erty you list on S of the property and I lists this proper | xemptions. 11 L Schedule A/B th nd line on | J.S.C. § 522(b)(2) at you claim as exer Current value of the portion you own Copy the value from Schedule A/B | npt, fill in the i Amount of the exemption you cach exemption \$\frac{\text{Value}}{\text{Value}} \frac{\pmathbf{18,}}{100\text{00 of value, up}} | nformation e ou claim ne box for on 120.00 fair market | below. Specific laws that allow exemption Const. art. 16 §§ 50, 51, Texas |
| For any proprief description: be description: be description: be description: be from Schedule be description: be from Schedule be description: be description: be description: be description: be description: be description: | claiming federal e erty you list on S of the property and I lists this proper | xemptions. 11 L Schedule A/B th nd line on | J.S.C. § 522(b)(2) at you claim as exer Current value of the portion you own Copy the value from Schedule A/B | npt, fill in the i Amount of th exemption you Check only or each exempti 100% of value, up applicab limit 111, 112, 113, 113, 113, 113, 113, 113, | nformation e ou claim ne box for on 120.00 fair market o to any | below. Specific laws that allow exemption Const. art. 16 §§ 50, 51, Texas |
| You are of | claiming federal elerty you list on Sof the property at lists this proper | xemptions. 11 L Schedule A/B th nd line on | J.S.C. § 522(b)(2) at you claim as exer Current value of the portion you own Copy the value from Schedule A/B \$18,120.00 | npt, fill in the i Amount of the exemption you cach exemption If \$18, 100% of value, up applicab limit If \$19, 100% of value, up applicab limit | nformation e ou claim ne box for on 120.00 fair market to to any le statutory 710.00 fair market | below. Specific laws that allow exemption Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001002 Const. art. 16 §§ 50, 51, Texas |
| For any proprief description chedule A/B that rief description: omestead 265 Acres ne from Schedule rief description: omestead 38 acres | claiming federal elerty you list on Sof the property at lists this proper | xemptions. 11 L Schedule A/B th nd line on | J.S.C. § 522(b)(2) at you claim as exer Current value of the portion you own Copy the value from Schedule A/B \$18,120.00 | npt, fill in the i Amount of the exemption you cach exemption \$18, 100% of value, up applicab limit \$19, 100% of value, up applicab limit | nformation e ou claim ne box for on 120.00 fair market to to any le statutory 710.00 fair market to to any | below. Specific laws that allow exemption Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001002 Const. art. 16 §§ 50, 51, Texas |
| For any propief description of the dule A/B that def description: omestead 265 Acres are from Schedule 268 acres are from Schedule 269 acres a | claiming federal elerty you list on Sof the property all lists this property all electrons and all lists this property all electrons and all lists this property all electrons and all lists this property all electrons are all lists this property all lists all lists this property all lists all | xemptions. 11 L Schedule A/B th nd line on ty | J.S.C. § 522(b)(2) at you claim as exer Current value of the portion you own Copy the value from Schedule A/B \$18,120.00 | npt, fill in the i Amount of the exemption you cach exemption The standard for the exemption of the exempt | nformation e ou claim ne box for on 120.00 fair market to to any le statutory 710.00 fair market to to any | below. Specific laws that allow exemption Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001002 Const. art. 16 §§ 50, 51, Texas |

□ No Yes

Case number (if known) 17-50706-G

| Part 2: Additional Page | | | | |
|---|--------------------------------------|---|---|--|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | |
| | Copy the value from Schedule A/B | Check only one box for each exemption | | |
| Brief description: 2007 Toyota Corolla (approx. 125000 miles) 2007 Toyota Corolla (approx. 141000 miles) Line from Schedule A/B:3.1 | \$5,000.00 | \$5,000.00 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(9) | |
| Brief description: 2001 Ford F-150 pickup (approx. 225000 miles) 2001 Ford F-150 pickup (approx. 162000 miles) Line from Schedule A/B: 3.2 | \$5,000.00 | \$5,000.00 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(9) | |
| Brief description: Household goods & furnishings located at 620 County Road 121, Floresville, Texas 78114 Line from Schedule A/B:6 | \$1,500.00 | \$1,500.00 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) | |
| Brief description: electronic equipment/home appliances Line from Schedule A/B: 6 | \$2,000.00 | \$0.00 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) | |
| Brief description: men's, women's, and child's wearing clothes Line from Schedule A/B:11 | \$500.00 | \$500.00 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(5) | |
| Brief description: woman's jewelry Line from Schedule A/B:12 | \$1,000.00 | \$0.00 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(6) | |
| Brief description: cash on hand (in possession of debtor) Line from <i>Schedule A/B</i> : | \$300.00 | \$300.00 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code § 42.001(b)(1) | |
| Brief description: 1998 Peterbilt Model 379 tractor trailer, vin#*******7715 with 2,061,710 miles Line from Schedule A/B: 40 | \$25,000.00 | \$8,804.00 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(4) | |

Case number (if known) 17-50706-G

| Part 2: Additional Page | | | |
|--|--------------------------------------|--|---|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | ount of the mption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | eck only one box for h exemption | |
| Brief description: 2007 Sterling trailer, vin #******5034 with 148,600 miles Line from Schedule A/B:40 | \$12,000.00 | \$0.00 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(4) |
| Brief description: 2004 International, Model 9900, semitractor trailer truck, vin#********* 9519 with 500,067 miles Line from Schedule A/B: 40 | \$30,000.00 | \$0.00 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(4) |
| Brief description: 1994 Wabash, Model 53, VN, vin#*******1616 Line from Schedule A/B:40 | \$4,000.00 | \$0.00 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(4) |
| Brief description: 2001 Utility, Model 53, vin# ********* 2907 Line from Schedule A/B: 40 | \$13,000.00 | \$0.00 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(4) |
| Brief description: 2005 Lufkin, model 53, VN, vin#******** 6180 Line from Schedule A/B: 40 | \$15,000.00 | \$0.00 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(4) |
| Brief description: 2007 XL Special Step Deck, vin#******7340 Line from Schedule A/B: 40 | \$17,238.00 | \$6,900.00 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(4) |
| Brief description: 1996 Wabash, Model 53, trailer vin#**********0676 Line from Schedule A/B: 40 | \$5,500.00 | \$0.00 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(4) |
| Brief description: Mahandra 4530 4WD tractor S/N USMN1364 Line from Schedule A/B:40 | \$3,900.00 | \$939.00 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(4) |
| Brief description: TX Bragg Trailer, vin#*******5340 Line from Schedule A/B: 40 | \$1,500.00 | \$1,500.00 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(4) |

| Debtor 1 Debtor 2 | Sherri Colette Giesalhart | | Case number | r (if known) 17-50706-G | |
|--|---|--------------------------------------|---|--|--|
| Part 2: | Additional Page | | | | |
| Brief description of the property and line on Schedule A/B that lists this property | | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | |
| | | Copy the value from Schedule A/B | Check only one box for each exemption | | |
| 121, Flore | ption: ome located at 620 County Road esville, Texas 78114 Schedule A/B: 53 | \$16,880.00 | \$16,880.00 100% of fair market value, up to any applicable statutory limit | Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001002 | |

| | | dentify your case: | | | | |
|--|---|--|---|--|---|----------------------------|
| Debtor 1 | Timothy First Name | Wayne Middle Name | Giesalhart Last Name | | | |
| Debtor 2 | Sherri | Colette | Giesalhart | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | nkruptcy Court for | the: WESTERN DIS | STRICT OF TEXAS | | | |
| Case number (if known) | 17-50706-G | | | | Check if this is amended filing | |
| Official Form | 106D | | | | amended ming | 3 |
| | | Who Have Cla | ims Secured b | v Property | | 12/1 |
| chedule D | . Creditors | Wilo Have Cla | illis Secureu b | y i Toperty | | 12/1 |
| Part 1: Lis List all secur claim, list the creditor has a | creditor separately particular claim, l | | re than one n Part 2. As | Column A Amount of claim Do not deduct the | Column B Value of collateral that supports this | Column C Unsecured portion |
| creditor's nam | ne. | | | value of collateral | claim | If any |
| 2.1 | | Describe the secures the o | property that claim: | \$254.00 | \$2,000.00 | |
| sest Buy Credit reditor's name | Services | | quipment/home | | | |
| ttn: Bankruptc umber Street | y Dept | appliances | | | | |
| .O. Box 78009 | | | | | | |
| | | A a of the dat | a vav fila tha alaim ia | . Cheek all that apply | | |
| | | | e you file, the claim is | : Check all that apply. | | |
| hoenix | AZ 85062- | 8009 Continger | nt | : Check all that apply. | | |
| ity | State ZIP Code | 8009 Continger Unliquida Disputed | nt ted | , | | |
| | State ZIP Code | 8009 Continger Unliquida Disputed Nature of lier | nt ted Check all that apply | | l car loan) | |
| /ho owes the del Debtor 1 only Debtor 2 only | State ZIP Code bt? Check one. | Continger Unliquida Disputed Nature of lier | nt ted | s mortgage or secured | l car loan) | |
| ity //ho owes the del Debtor 1 only Debtor 2 only Debtor 1 and [| State ZIP Code bt? Check one. Debtor 2 only | Continger Unliquida Disputed Nature of lier An agreer Statutory Judgment | nt ted n. Check all that apply ment you made (such a lien (such as tax lien, r t lien from a lawsuit | s mortgage or secured | l car loan) | |
| ity /ho owes the del Debtor 1 only Debtor 2 only Debtor 1 and D At least one of | State ZIP Code bt? Check one. Debtor 2 only the debtors and a claim relates | Continger Unliquida Disputed Nature of lier An agreer Statutory Judgment Other (inc | nt ted 1. Check all that apply ment you made (such a lien (such as tax lien, r | s mortgage or secured | l car Ioan) | |
| /ho owes the del Debtor 1 only Debtor 2 only Debtor 1 and E At least one of | State ZIP Code bt? Check one. Debtor 2 only i the debtors and a claim relates ity debt | Continger Unliquida Unliquida Disputed Nature of lier An agreer Statutory Judgment Judgment Other (inc | nt ted Check all that apply ment you made (such a lien (such as tax lien, r t lien from a lawsuit cluding a right to offset) | s mortgage or secured | l car loan) | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$254.00

| Debtor 1 Debtor 2 Timothy Wayne Giesalhart Sherri Colette Giesalhart Additional Page After listing any entries on this page, number them sequentially from the previous page. | | rt | Case number (if known) 17-50706-G | | | |
|--|---|--|--|---|-----------------------------------|--|
| | | | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any | |
| 2.2 Best Buy Concrete Creditor's name | redit Services | Describe the property that secures the claim: - electronic equipment/home | \$2,770.45 | \$2,000.00 | \$1,024.45 | |
| Attn: Bankr Number Stree P.O. Box 78 | et | appliances - | | | | |
| Debtor 1 of Debtor 2 of Debtor 1 of Debtor | only and Debtor 2 only ne of the debtors and another this claim relates munity debt | Other (including a right to onset) | s mortgage or secure echanic's lien) | | | |
| | s incurred <u>2015/2016</u> dholder: Sherri | Last 4 digits of account number | 2 2 6 2 | | | |
| Kay Jewele Creditor's name 375 Ghent F | Rd | Describe the property that secures the claim: - jewelry | \$1,649.00 | \$1,000.00 | \$649.00 | |
| Debtor 1 c | OH 44333 State ZIP Code e debt? Check one. | As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, many Judgment lien from a lawsuit | s mortgage or secure | | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$4,419.45

5 2 7 8

At least one of the debtors and another

to a community debt Date debt was incurred

Other (including a right to offset)

Charge Account

Last 4 digits of account number

| Debtor 1 Timothy Wayne Giesalhart Debtor 2 Sherri Colette Giesalhart | | | Case number (if known) | | | | | |
|--|--|-----------------------|---|--|---|-----------------------------------|--|--|
| Part 1: | Additional Page After listing any entries on this page, number them sequentially from the previous page. | | | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any | | |
| 2.4 | | | Describe the property that secures the claim: | \$2,961.00 | \$3,900.00 | | | |
| Mahindra Fin Creditor's name 8001 Birchwood Ct Number Street | | | Mahandra tractor | | | | | |
| Johnston IA 50131 City State ZIP Code Who owes the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another ☑ Check if this claim relates to a community debt | | | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Unknown Loan Type | | | | | |
| Date debt wa | as incurred 0 | 5/15/2011 | Last 4 digits of account number | 9 0 0 0 | | | | |
| The Falls Concrete Tools Service Tools Service Tools Service Tools Service Tools Too | t St | | Describe the property that secures the claim: trailers | \$40,900.00 | \$36,500.00 | \$4,400.00 | | |
| Falls City | State | 78113 ZIP Code | As of the date you file, the claim is: Contingent Unliquidated Disputed | Check all that apply. | | | | |
| Debtor 1 Debtor 2 Debtor 1 At least 0 | | nly rs and another | Nature of lien. Check all that apply. ☑ An agreement you made (such as ☐ Statutory lien (such as tax lien, moderate) ☐ Judgment lien from a lawsuit ☑ Other (including a right to offset) Automobile | | car loan) | | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$43,861.00

1 6 3 7

Date debt was incurred 10/2014

Last 4 digits of account number

| Debtor 1 Timothy Wayne Giesalhar Sherri Colette Giesalhart | Case number (if known)17-50706-G | | | | |
|---|--|---|-----------------------------------|-------------|--|
| Part 1: Additional Page After listing any entries on sequentially from the previous | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any | | |
| Z.6 The Falls City Natl Ba Creditor's name 100 S Front St Number Street | Describe the property that secures the claim: \$31,002.00 \$30,000.00 \$1,002.00 2004 International, Model 9900, semitractor traile | | | | |
| Falls City TX 78113 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Automobile | | | | |
| Date debt was incurred <u>08/2015</u> | Last 4 digits of account number | 2 2 0 9 | | | |
| Z.7 The Falls City Natl Ba Creditor's name 100 S Front St Number Street | Describe the property that secures the claim: trailers | \$28,100.00 | \$13,000.00 | \$15,100.00 | |
| Falls City TX 78113 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt | As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, many Judgment lien from a lawsuit Other (including a right to offset) Automobile | mortgage or secured | car loan) | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$59,102.00

5 7 9 6

Date debt was incurred 09/2010

Last 4 digits of account number

| Debtor 1 Timothy Wayne Giesalha Sherri Colette Giesalhart | Case number (if known) _ 17-50706-G | | | |
|---|---|---|-----------------------------------|--|
| Part 1: Additional Page After listing any entries on sequentially from the previous | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any | |
| The Falls City Natl Ba Creditor's name 100 S Front St Number Street | Describe the property that secures the claim: 1998 Peterbilt Model 379 tractor trailer, vin#**** | \$16,196.00 | \$25,000.00 | |
| Falls City TX 78113 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt | As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, medulus Judgment lien from a lawsuit) Other (including a right to offset) Automobile | mortgage or secured | car loan) | |
| Date debt was incurred 12/2015 | _ Last 4 digits of account number | 2 4 0 3 | | |
| Wabash national financial services Creditor's name P.O. Box 151657 Number Street | Describe the property that secures the claim: - 2007 XL Special Step Deck, vin#*********7340 | \$10,338.00 | \$17,238.00 | |
| Los Angeles CA 90051-5957 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only | As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, me | mortgage or secured | car loan) | |

Judgment lien from a lawsuit

Last 4 digits of account number

Other (including a right to offset)

Add the dollar value of your entries in Column A on this page. Write that number here:

\$26,534.00

7 6 3 5

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$134,170.45

Debtor 1 and Debtor 2 only

Check if this claim relates to a community debt

At least one of the debtors and another

Date debt was incurred 2015/2016

| Fill in this info | ormation to ide | entify your c | ase: | | | |
|---|--|---|---|---|---------------------------------------|----------------------------------|
| Debtor 1 | Timothy | Wayne | Giesalhart | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Sherri | Colette | Giesalhart | | | |
| (Spouse, if filing) | | Middle Name | Last Name | | | |
| United States Bar | nkruptcy Court for t | the: WESTERN | I DISTRICT OF TEXAS | | | |
| Case number | 17-50706-G | | | | Observit this is a | |
| (if known) | | | | J | Check if this is a amended filing | an |
| Official Form | 106E/F | | | | | |
| Schedule E/ | F: Creditors | Who Have | e Unsecured Claims | | | 12/15 |
| on Schedule A/B: Do not include any If more space is no to this page. On the | Property (Official y creditors with p eeded, copy the F he top of any add | Form 106A/B) a artially secured Part you need, fi itional pages, w | acts or unexpired leases that countries on Schedule G: Executory Countries that are listed in Schedule III it out, number the entries in the write your name and case number secured Claims | ontracts and Unexpire e D: Creditors Who Ho boxes on the left. At | d Leases (Officia old Claims Secur | l Form 106G). ed by Property. |
| 1. Do any credit | ors have priority | unsecured clair | ns against you? | | | |
| □ No. Go t | | | ugae. year | | | |
| Yes. | 0 1 dit 2. | | | | | |
| claim. For each show both price more space is claim, list the | ch claim listed, identity and nonpriority needed for priority other creditors in P | ntify what type of y amounts. As m y unsecured clair Part 3. | creditor has more than one priority f claim it is. If a claim has both prio nuch as possible, list the claims in a ms, fill out the Continuation Page of | rity and nonpriority amo Ilphabetical order accol Part 1. If more than or | ounts, list that clair | m here and or's name. If |
| (For an explar | nation of each type | of claim, see the | e instructions for this form in the ins | truction booklet. Total claim | Priority amount | Nonpriority amount |
| 2.1 | | | | \$2,200.00 | \$2,200.00 | \$0.00 |
| Law Offices of R | Ravmond J. Vale | . Jr P.C | | | | |
| Priority Creditor's Name | е | , - , - | Last 4 digits of account number | | | |
| The Phoenix Bu | ıldıng | | When was the debt incurred? | 01/16/2017 | = | |
| 1207 S. Presa, S | uite 100 | | As of the date you file, the claim | is: Check all that app | lv. | |
| | | | Contingent | . ioi oilook ali tilat app | .,. | |
| San Antonio | TX 7 | 78210 | Unliquidated | | | |
| City | | ZIP Code | Disputed | | | |
| Who incurred the | debt? Check or | ne. | Type of PRIORITY unsecured cl | aim: | | |
| Debtor 1 only | | | ■ Domestic support obligations | | | |
| ☐ Debtor 2 only ☐ Debtor 1 and D | ebtor 2 only | | Taxes and certain other debts | • | ent | |
| <u> </u> | the debtors and ar | nother | Claims for death or personal i intoxicated | rijury wrille you were | | |
| ☐ Check if this c | | | Other. Specify | | | |
| Is the claim subject | | - | Attorney fees for this cas | e | | |
| ☑ No | | | - | | | |
| Yes | | | | | | |

| Debtor 1 Timothy Wayne Giesalhart Debtor 2 Sherri Colette Giesalhart | Case number (if known) 17-50706-G |
|---|--|
| Part 2: List All of Your NONPRIORIT | Y Unsecured Claims |
| Yes 4. List all of your nonpriority unsecured claims If a creditor has more than one nonpriority unsecured type of claim it is. Do not list claims already incl | Submit this form to the court with your other schedules. in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, identify what uded in Part 1. If more than one creditor holds a particular claim, list the other creditors in insecured claims, fill out the Continuation Page of Part 2. Total claim \$530.00 Last 4 digits of account number A 1 6 1 When was the debt incurred? 2015/2016 As of the date you file, the claim is: Check all that apply. |
| Philadelphia PA 19178-5087 City State ZIP Code Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical services |
| Bealls/Comenity Bank Nonpriority Creditor's Name Attn: Bankruptcy Dept Number Street P.O. Box 182782 Columbia OH 43218-2782 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | \$581.90 Last 4 digits of account number 9 2 4 6 When was the debt incurred? 2016 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card |

Debtor 1 **Timothy Wayne Giesalhart** Debtor 2 **Sherri Colette Giesalhart** Case number (if known) 17-50706-G Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.3 \$2,537.00 Last 4 digits of account number **Bk Of Amer** 2 5 9 8 Nonpriority Creditor's Name When was the debt incurred? 07/2015 Po Box 982238 Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed El Paso 79998 TX City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No Yes primary cardholder: Tim \$1,145.00 Cap1/kawas Last 4 digits of account number 3 2 5 6 Nonpriority Creditor's Name When was the debt incurred? 09/2004 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only

that you did not report as priority claims

Other. Specify

Charge Account

Debts to pension or profit-sharing plans, and other similar debts

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

✓ No ☐ Yes

At least one of the debtors and another

Debtor 1 **Timothy Wayne Giesalhart** Debtor 2 **Sherri Colette Giesalhart** Case number (if known) 17-50706-G Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.5 \$0.00 Last 4 digits of account number 3 0 9 9 **Capital One** Nonpriority Creditor's Name When was the debt incurred? 02/25/2012 Po Box 30253 Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Salt Lake City UT 84130 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No Yes 4.6 \$2,892.21 Last 4 digits of account number **Capital One** 4 0 3 7 Nonpriority Creditor's Name When was the debt incurred? 2016 Po Box 30253 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Salt Lake City UT 84130 ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans ☐ Debtor 1 only

- Obligations arising out of a separation agreement or divorce
 - that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
 - Other. Specify

Credit Card

Official Form 106E/F

Debtor 2 only

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

Check if this claim is for a community debt

✓ No ☐ Yes Debtor 1 **Timothy Wayne Giesalhart** Debtor 2 **Sherri Colette Giesalhart** Case number (if known) 17-50706-G Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.7 \$2,182.00 Capital One Bank Usa N Last 4 digits of account number <u>6</u> <u>4</u> <u>3</u> <u>3</u> Nonpriority Creditor's Name When was the debt incurred? 04/2008 15000 Capital One Dr Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Richmond VA 23238 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No Yes primary cardholder: Tim \$2,108.00 Capital One Bank Usa N Last 4 digits of account number 2 6 0 9 Nonpriority Creditor's Name When was the debt incurred? 03/2011 15000 Capital One Dr As of the date you file, the claim is: Check all that apply. Number ☐ Contingent Unliquidated Disputed Richmond VΑ 23238 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only

Other. Specify

Credit Card

Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

At least one of the debtors and another

Check if this claim is for a community debt

☑ No ☐ Yes

primary cardholder: Tim

Debtor 1 **Timothy Wayne Giesalhart** Debtor 2 **Sherri Colette Giesalhart** Case number (if known) 17-50706-G Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.9 \$2,077.00 Capital One Bank Usa N Last 4 digits of account number <u>3</u> <u>0</u> <u>5</u> <u>1</u> Nonpriority Creditor's Name When was the debt incurred? 04/2008 15000 Capital One Dr Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Richmond VA 23238 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No Yes primary cardholder: Tim \$1,850.00 Capital One Bank Usa N Last 4 digits of account number 3 8 2 6 Nonpriority Creditor's Name When was the debt incurred? 08/2011 15000 Capital One Dr As of the date you file, the claim is: Check all that apply. Number ☐ Contingent Unliquidated Disputed Richmond VΑ 23238 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only

Other. Specify

Charge Account

Debts to pension or profit-sharing plans, and other similar debts

primary cardholder: Tim

✓ No ☐ Yes

Is the claim subject to offset?

At least one of the debtors and another

Debtor 1 **Timothy Wayne Giesalhart** Debtor 2 **Sherri Colette Giesalhart** Case number (if known) 17-50706-G Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.11 \$919.00 Last 4 digits of account number Capital One Bank Usa N 2 6 3 5 Nonpriority Creditor's Name When was the debt incurred? 05/2014 15000 Capital One Dr Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Richmond 23238 VA City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No Yes primary cardholder: Sherri \$885.00 Capital One Bank Usa N Last 4 digits of account number 0 3 8 Nonpriority Creditor's Name When was the debt incurred? 05/2014 15000 Capital One Dr As of the date you file, the claim is: Check all that apply. Number ☐ Contingent Unliquidated Disputed Richmond VΑ 23238 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only

Other. Specify

Credit Card

Debts to pension or profit-sharing plans, and other similar debts

primary cardholder: Sherri

Is the claim subject to offset?

✓ No ☐ Yes

At least one of the debtors and another

Debtor 1 **Timothy Wayne Giesalhart** Debtor 2 **Sherri Colette Giesalhart** Case number (if known) 17-50706-G Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.13 \$1,020.33 Last 4 digits of account number **Capital One Retail Services** 3 2 5 6 Nonpriority Creditor's Name When was the debt incurred? 2015/2016 P.O. Box 60504 Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed City of Industry 91716-0504 CA State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No Yes 4.14 \$3,055.00 Last 4 digits of account number 2 2 6 2 Cbna Nonpriority Creditor's Name When was the debt incurred? 10/2015 50 Northwest Point Road As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed 60007 **Elk Grove Village** IL State **7IP Code** Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only

that you did not report as priority claims

Other. Specify

Credit Card

Debts to pension or profit-sharing plans, and other similar debts

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☑ No Yes

At least one of the debtors and another

Debtor 1 **Timothy Wayne Giesalhart** Debtor 2 **Sherri Colette Giesalhart** Case number (if known) 17-50706-G Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.15 \$1,596.00 **Chase Card** Last 4 digits of account number 2 9 0 6 Nonpriority Creditor's Name When was the debt incurred? 10/2011 P.o. Box 15298 Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Wilmington 19850 DE State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No Yes primary cardholder: Tim 4.16 \$5,275.00 Citi Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 07/2013 Po Box 6241 As of the date you file, the claim is: Check all that apply. Number ☐ Contingent Unliquidated Disputed Sioux Falls SD 57117 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce

that you did not report as priority claims

Debte to pension or profit charing plane

☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify

Credit Card

Yes

Is the claim subject to offset?

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Debtor 2 only

П

☑ No

primary cardholder: Tim

Debtor 1 **Timothy Wayne Giesalhart** Debtor 2 **Sherri Colette Giesalhart** Case number (if known) 17-50706-G Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.17 \$737.00 Last 4 digits of account number Comenity Bank/bealls 9 2 4 6 Nonpriority Creditor's Name When was the debt incurred? 09/2015 Po Box 2974 Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed 66201 Mission KS City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Charge Account** Is the claim subject to offset? **☑** No Yes 4.18 \$585.00 Last 4 digits of account number Comenity Bank/vctrssec 8 3 4 7 Nonpriority Creditor's Name When was the debt incurred? 10/2015 Po Box 182789 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Columbus OH 43218 ZIP Code Citv State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans ☐ Debtor 1 only

- Obligations arising out of a separation agreement or divorce
 - that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify

Charge Account

Debtor 2 only

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

Check if this claim is for a community debt

✓ No ☐ Yes Debtor 1 **Timothy Wayne Giesalhart** Debtor 2 **Sherri Colette Giesalhart** Case number (if known) 17-50706-G Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.19 \$954.00 **Discover Fin Svcs Llc** Last 4 digits of account number 3 3 0 3 Nonpriority Creditor's Name When was the debt incurred? 03/2011 Po Box 15316 Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Wilmington 19850 DE State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? **☑** No Yes primary cardholder: Tim \$100.00 Howard C. Burger Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2017 Attorney at Law As of the date you file, the claim is: Check all that apply. 433A West Oaklawn ☐ Contingent Unliquidated Disputed **Pleasanton** TX 78064 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify

Attorney Fees

services provided to Falls City National Bank to collect on loan number 3341367

Check if this claim is for a community debt

Is the claim subject to offset?

✓ No ☐ Yes Debtor 1 **Timothy Wayne Giesalhart** Debtor 2 **Sherri Colette Giesalhart** Case number (if known) 17-50706-G Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.21 \$0.00 **Kay Jewelers** Last 4 digits of account number 0 6 6 5 Nonpriority Creditor's Name When was the debt incurred? 12/2013 375 Ghent Rd As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated ☐ Disputed 44333 OH Akron City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Charge Account** Is the claim subject to offset? **☑** No Yes 4.22 \$0.00 Last 4 digits of account number Mahindra Fin 9 0 0 0 Nonpriority Creditor's Name When was the debt incurred? 02/15/2012 8001 Birchwood Ct As of the date you file, the claim is: Check all that apply. Number Street Contingent ☐ Unliquidated Disputed **Johnston** IΑ 50131 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt $\mathbf{\Lambda}$ **Unknown Loan Type** Is the claim subject to offset? ✓ No Yes 4.23 \$1,923.00 **Merrick Bank** Last 4 digits of account number 3 5 3 Nonpriority Creditor's Name When was the debt incurred? 08/2013 Po Box 9201 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed **Old Bethpage** NY 11804 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims

At least one of the debtors and another

Debtor 1 and Debtor 2 only

✓ No ☐ Yes

 \square

Other. Specify

Credit Card

Debts to pension or profit-sharing plans, and other similar debts

Debtor 1 **Timothy Wayne Giesalhart** Debtor 2 **Sherri Colette Giesalhart** Case number (if known) 17-50706-G Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.24 \$1.080.27 Last 4 digits of account number Professional Account Services, Inc. <u>1 7 1 5</u> Nonpriority Creditor's Name When was the debt incurred? 2016 Attn: Bankruptcy Dept Number As of the date you file, the claim is: Check all that apply. P.O. Box 188 ☐ Contingent Unliquidated Disputed **Brentwood** 37024-0188 TN City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Collecting for -Is the claim subject to offset? **☑** No Yes **South Texas Regional Medical Center** \$754.00 Seguin Texas Emergency Physicians Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2016 P. O. Box 2283 As of the date you file, the claim is: Check all that apply. Mansfield, Texas Contingent Unliquidated Disputed City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts

Other. Specify

Medical

At least one of the debtors and another

Is the claim subject to offset?

✓ No ☐ Yes

Debtor 1 **Timothy Wayne Giesalhart** Debtor 2 **Sherri Colette Giesalhart** Case number (if known) 17-50706-G Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.26 \$11.858.64 South Texas Regional Medical Center Last 4 digits of account number <u>1 7 1 0</u> Nonpriority Creditor's Name When was the debt incurred? 2015/2016 Attn: Bankruptcy Dept As of the date you file, the claim is: Check all that apply. Number P.O. Box 188 ☐ Contingent Unliquidated Disputed 37024-0188 **Brentwood** TN State ZIP Code City Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Medical Is the claim subject to offset? **☑** No Yes 4.27 \$769.00 Last 4 digits of account number Syncb/chevron 3 3 1 6 Nonpriority Creditor's Name When was the debt incurred? 04/2014 P.o Box 965015 As of the date you file, the claim is: Check all that apply. Number Street Contingent ☐ Unliquidated Disputed Orlando FL 32896 Citv State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt $\mathbf{\Lambda}$ **Charge Account** Is the claim subject to offset? ✓ No Yes 4.28 \$2,904.00 Syncb/lowes Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 07/2011 Po Box 956005 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Orlando FL 32896 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans □ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only \square Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Charge Account**

Official Form 106E/F

☑ No

Is the claim subject to offset?

Debtor 1 **Timothy Wayne Giesalhart** Debtor 2 **Sherri Colette Giesalhart** Case number (if known) 17-50706-G Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.29 \$3.614.00 Syncb/walmart Last 4 digits of account number 2 9 6 9 Nonpriority Creditor's Name When was the debt incurred? 07/2013 Po Box 965024 Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated ☐ Disputed 32896 Orlando FL City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Charge Account** Is the claim subject to offset? **☑** No Yes 4.30 \$0.00 Thd/cbna Last 4 digits of account number 2 5 9 6 Nonpriority Creditor's Name When was the debt incurred? 08/05/2013 Po Box 6497 As of the date you file, the claim is: Check all that apply. Number Contingent ☐ Unliquidated Disputed Sioux Falls SD 57117 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Charge Account** Is the claim subject to offset? ✓ No Yes 4.31 \$0.00 The Falls City Natl Ba Last 4 digits of account number 2 3 6 Nonpriority Creditor's Name When was the debt incurred? 06/2013 100 S Front St As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed **Falls City** TX 78113 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only \square Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify

Official Form 106E/F

☑ No

Is the claim subject to offset?

Check if this claim is for a community debt

Automobile

| Debtor 1 Timothy Wayne Giesalhart Debtor 2 Sherri Colette Giesalhart | Case number (if known)17-50706-G | |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecure | ed Claims Continuation Page | |
| After listing any entries on this page, number then previous page. | n sequentially from the | Total claim |
| 4.32 | | \$0.00 |
| The Falls City Natl Ba | Last 4 digits of account number 7 0 7 8 | |
| Nonpriority Creditor's Name 100 S Front St | When was the debt incurred? 03/2013 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ ☐ Contingent ☐ Unliquidated | |
| - TV - T0440 | Disputed | |
| Falls City TX 78113 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | ✓ Other. Specify | |
| Check if this claim is for a community debt | Automobile | |
| Is the claim subject to offset? ✓ No | | |
| Yes | | |
| | | |
| The Follo City Ned De | Local Adjustes of account number 0 2 2 2 | \$0.00 |
| The Falls City Natl Ba Nonpriority Creditor's Name | Last 4 digits of account number 9 3 2 3 When was the debt incurred? 07/2006 | |
| 100 S Front St Number Street | As of the date you file, the claim is: Check all that apply. | |
| Number Street | Contingent | |
| | Unliquidated | |
| Falls City TX 78113 | Disputed | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim is for a community debt | ✓ Other. Specify Automobile | |
| Is the claim subject to offset? | Adiomobile | |
| ☑ No | | |
| Yes | | |
| 4.34 | | \$0.00 |
| The Falls City Natl Ba | Last 4 digits of account number 4 0 9 3 | ****** |
| Nonpriority Creditor's Name 100 S Front St | When was the debt incurred? 07/2008 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ ☐ Contingent ☐ Unliquidated | |
| | Disputed | |
| Falls City TX 78113 City State ZIP Code | Type of NONERIORITY uncestured eleims | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| ☐ Check if this claim is for a community debt | Automobile | |
| Is the claim subject to offset? | | |
| ✓ No Yes | | |

| Debtor 1 Timothy Wayne Giesalhart Debtor 2 Sherri Colette Giesalhart | Case number (if known) 17-50706- | G |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.35 | | \$0.00 |
| The Falls City Natl Ba | Last 4 digits of account number 5 7 5 2 | φυ.υυ |
| Nonpriority Creditor's Name | Last 4 digits of account number 5 7 5 2 When was the debt incurred? 08/2010 | |
| 100 S Front St | | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent Unliquidated | |
| | — ☐ Disputed | |
| Falls City TX 78113 City State ZIP Code | | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans Obligations griding out of a congretion agreement or diverse | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| ☐ Check if this claim is for a community debt | Automobile | |
| Is the claim subject to offset? | | |
| ☑ No | | |
| Yes | | |
| 4.36 | | \$0.00 |
| The Falls City Natl Ba | Last 4 digits of account number1289 | |
| Nonpriority Creditor's Name 100 S Front St | When was the debt incurred? 04/2014 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | Unliquidated | |
| Falls City TX 78113 | Disputed | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim is for a community debt | Other. Specify | |
| | Automobile | |
| Is the claim subject to offset? No | | |
| ✓ No Yes | | |
| | | |
| 4.37 | | \$0.00 |
| The Falls City Natl Ba | Last 4 digits of account number 1 3 9 5 | |
| Nonpriority Creditor's Name | When was the debt incurred? 06/2014 | |
| 100 S Front St Number Street | As of the date you file, the claim is: Check all that apply. | |
| Number Street | Contingent | |
| | Unliquidated | |
| Follo City TV 70442 | Disputed | |
| Falls City TX 78113 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | ☑ Other. Specify | |
| Check if this claim is for a community debt | Automobile | |
| Is the claim subject to offset? | | |

✓ No ☐ Yes Debtor 1 **Timothy Wayne Giesalhart** Debtor 2 **Sherri Colette Giesalhart** Case number (if known) 17-50706-G Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.38 \$0.00 The Falls City Natl Ba Last 4 digits of account number 1 3 5 9 Nonpriority Creditor's Name When was the debt incurred? 06/2014 100 S Front St Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated ☐ Disputed **Falls City** TX 78113 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Automobile Is the claim subject to offset? **☑** No Yes 4.39 \$333.56 Last 4 digits of account number Timberland Medical Group 1 5 7 0 Nonpriority Creditor's Name When was the debt incurred? 2015/2016 Attn: #19059N As of the date you file, the claim is: Check all that apply. Street Number P.O. Box 14000 Contingent Unliquidated Disputed **Belfast** ME 04915-4033 Citv State **7IP Code** Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only $\overline{\mathbf{M}}$ Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt $\overline{\mathbf{A}}$ Medical Is the claim subject to offset? ✓ No ☐ Yes 4.40 \$180.00 Village Oaks Pathology Services, PA Last 4 digits of account number 8 7 2 1 Nonpriority Creditor's Name When was the debt incurred? 2016 PO Box 29447 As of the date you file, the claim is: Check all that apply. Number Contingent ■ Unliquidated Disputed San Antonio TX 78229-0447 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only \square Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Medical

✓ No ☐ Yes

Is the claim subject to offset?

| Debtor 1 Timothy Way Sherri Colett | • | | Case number (if known) _ 17-50706-G | |
|--|--------------------|-----------------|---|-------------|
| Part 2: Your NON | PRIO | RITY Unsecur | ed Claims Continuation Page | |
| After listing any entries on previous page. | this pa | age, number the | m sequentially from the | Total claim |
| 4.41 | | | | \$2,750.00 |
| Wells Fargo Nonpriority Creditor's Name Credit Bureau Dispute F | Resolu | | Last 4 digits of account number 8 2 0 4 When was the debt incurred? 09/2013 | |
| Number Street | | · | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | |
| Des Moines | IA | 50306 | _ Disputed | |
| City Who incurred the debt? □ Debtor 1 only □ Debtor 2 only ☑ Debtor 1 and Debtor 2 only □ At least one of the debtor ☑ Check if this claim is followed by the claim subject to offs | ors and or a co | another | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card | |

✓ No ☐ Yes

Part 4: Add

Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | | Total claim |
|--------------------------|-----|---|--------------|----------------------|
| Total claims from Part 1 | 6a. | Domestic support obligations | 6a. | \$0.00 |
| | 6b. | Taxes and certain other debts you owe the government | 6b. | \$0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. _ | \$2,200.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6d. | \$2,200.00 |
| | | | | Total claim |
| Total claims from Part 2 | 6f. | Student loans | 6f. | \$0.00 |
| | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. . | ▶ \$57,195.91 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. | \$57,195.91 |

| Fill in this inf | ormation to ider | ntify your case: | : | |
|---------------------------|------------------------|----------------------|-------------------------|--|
| Debtor 1 | Timothy First Name | Wayne Middle Name | Giesalhart Last Name | |
| Debtor 2 | Sherri | Colette | Giesalhart | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Ba | nkruptcy Court for the | e: WESTERN DIS | STRICT OF TEXAS | |
| Case number (if known) | <u>17-50706-G</u> | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B*: *Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

| Fill in this inf | ormation to ide | ntify your case | : | |
|---------------------------------|-----------------------|------------------------|-------------------------|------------------------------------|
| Debtor 1 | Timothy First Name | Wayne Middle Name | Giesalhart Last Name | |
| Debtor 2 (Spouse, if filing) | Sherri First Name | Colette Middle Name | Giesalhart Last Name | |
| | | | STRICT OF TEXAS | |
| Case number (if known) | <u>17-50706-G</u> | | | Check if this is an amended filing |

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| ۱. | Do y | /ou h No Yes | ave any codebtors? | (If you are filing a joint o | case, do | o not list eith | er spouse | as a codebtor.) |
|----|------|---------------------------|---|--------------------------------|-----------|-----------------------|-------------|---|
| 2. | | | | - | | - | - | (Community property states and territories s, Washington, and Wisconsin.) |
| | | | Go to line 3. Did your spouse, form No Yes | er spouse, or legal equiv | /alent li | ve with you a | at the time | ? |
| | | _ | In which community sta | ate or territory did you liv | e? _ | Texas | Fill | in the name and current address of that person. |
| | | | Sherri Colette Gies Name of your spouse, form 620 County Road 1 Number Street | ner spouse, or legal equivaler | nt | | | - - |
| | | | Floresville City | TX State | | 78114 ZIP Code | | - |

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

| Debtor 1 | Timothy | Wayne | Giesalhart | |
|------------------------|----------------------|-----------------|----------------|--|
| | First Name | Middle Name | Last Name | Check if this is: |
| Debtor 2 | Sherri | Colette | Giesalhart | An amended filing |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Bank | cruptcy Court for th | e: WESTERN DIST | TRICT OF TEXAS | A supplement showing postpetition chapter 13 income as of the following date |
| Case number (if known) | 17-50706-G | | | |
| fficial Form 1 | 061 | | | MM / DD / YYYY |
| | ur Incomo | | | 40/4 |
| chedule I: Yo | our Income | | | 12/1 |

Fill in your employment information. Debtor 2 or non-filing spouse Debtor 1 If you have more than one job, attach a separate page **Employment status** ▼ Employed with information about Not employed ■ Not employed additional employers. Occupation **Truck Drive** Housewife Include part-time, seasonal, Employer's name **TWG Trucking** or self-employed work. Occupation may include **Employer's address** 620 County Road 121 student or homemaker, if it Number Street Number Street applies. **Floresville** TX 78114 State Zip Code City State Zip Code 10 years How long employed there?

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | | | For Deptor 1 | non-filing spouse |
|----|---|------|--------------|-------------------|
| 2. | List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. | \$8,522.00 | \$0.00 |
| 3. | Estimate and list monthly overtime pay. | 3. 👍 | \$0.00 | \$0.00 |
| 4. | Calculate gross income. Add line 2 + line 3. | 4. | \$8,522.00 | \$0.00 |

| | otor 1 otor 2 | Timothy Wayne Giesalhart Sherri Colette Giesalhart | | Casa nu | mha | or (if kny | owo) 17 | -50 | 170 | 6-G |
|-----|-------------------------|---|--------------|-------------------------|-------|------------|-----------------------|----------|-----|--------------------------|
| | | Chorn Colotto Closamart | F | Case nui or Debtor 1 | ı | or Del | otor 2 or ng spous | | 770 | |
| | Cop | y line 4 here | 4. | \$8,522.00 | - | | \$0.00 | | | |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$2,607.86 | | | \$0.00 | | | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$0.00 | | | \$0.00 | | | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$0.00 | | | \$0.00 | | | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$0.00 | | | \$0.00 | | | |
| | 5e. | Insurance | 5e. | \$0.00 | | | \$0.00 | | | |
| | 5f. | Domestic support obligations | 5f. | \$0.00 | | | \$0.00 | | | |
| | _ | Union dues | 5g. | \$0.00 | | | \$0.00 | | | |
| | 5h. | Other deductions. Specify: | 5h. + | \$0.00 | | | \$0.00 | | | |
| 6. | | I the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5h. | 6. | \$2,607.86 | | | \$0.00 | | | |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$5,914.14 | | | \$0.00 | | | |
| 8. | List | all other income regularly received: | | | | | | | | |
| | 8a. | Net income from rental property and from operating a business, profession, or farm | 8a. | \$887.02 | | | \$0.00 | | | |
| | | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | | | | | | | | |
| | 8b. | Interest and dividends | 8b. | \$0.00 | | | \$0.00 | | | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive | 8c. | \$0.00 | | | \$0.00 | | | |
| | | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | | | | | | |
| | 8d. | Unemployment compensation | 8d. | \$0.00 | | | \$0.00 | | | |
| | 8e. | Social Security | 8e. | \$0.00 | | | \$0.00 | | | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$0.00 | | | \$0.00 | | | |
| | 8a. | Pension or retirement income | - 8g. | \$0.00 | | | \$0.00 | | | |
| | _ | Other monthly income. | - 3 | | | | - + | | | |
| | | Specify: | 8h. + | \$0.00 | г | | \$0.00 | 7 | | |
| 9. | Add | l all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. | \$887.02 | Į | | \$0.00 | | _ | |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$6,801.16 | + | | \$0.00 | = | Ŀ | \$6,801.16 |
| 11. | Incl | te all other regular contributions to the expenses that you list in Soude contributions from an unmarried partner, members of your households or relatives. | | | ur ro | ommat | es, and of | ther | | |
| | n od | not include any amounts already included in lines 2-10 or amounts that | it are not | available to pay | exp | enses l | isted in So | che | dul | e J. |
| | Spe | cify: | | | | | 11. | + | _ | \$0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. me. Write that amount on the Summary of Your Assets and Liabilities | | | | | 12. | | _ | \$6,801.16 |
| | | applies. | s and CE | riain Sialistical III | 11011 | nauUH, | | | | ombined onthly income |
| 13. | Do | you expect an increase or decrease within the year after you file t | his form | 1? | | | | | | |
| | $\overline{\mathbf{V}}$ | No. None. | | | | | | | | <u> </u> |
| | | Yes. Explain: | | | | | | | | |

| | otor 1 otor 2 | Timothy Way Sherri Colette | ne Giesalhart e Giesalhart | | | Case number (if known) | 17-507 | '06-G |
|----|------------------|-------------------------------|-------------------------------|-------|----------|-------------------------------|--------|----------|
| 1. | Additio | onal Employers | Debtor 1 | | | Debtor 2 or non-filing spouse | | |
| | Occup | ation | homemaker | | | | | |
| | Emplo | yer's name | n/a | | | | | |
| | • | yer's address | n/a | | | | | |
| | - | | | | | | | |
| | | | | | | | | |
| | | | City | State | Zip Code | City | State | Zip Code |
| | How Ic | ong employed th | ere? n/a | | | | | |

Timothy Wayne Giesalhart Debtor 1 Debtor 2 **Sherri Colette Giesalhart**

Case number (if known) 17-50706-G

8a. Attached Statement (Debtor 1)

TWG Trucking

| Gross Monthly Income: | | | \$20,635.26 |
|-----------------------------------|----------|-------------|-------------|
| Expense | Category | Amount | |
| Contract driver - D.R. Giesalhart | Labor | \$10,994.70 | |
| Contract driver - J.A.Bailey | Labor | \$1,118.55 | |
| Bank Fees | | \$16.98 | |
| DAT Solutions | | \$90.75 | |
| insurance | | \$1,643.02 | |
| Telephone | | \$326.05 | |
| Internet | | \$63.36 | |
| Prepass | | \$24.89 | |
| Tolls | | \$119.88 | |
| Dumpster | | \$73.83 | |
| Accounts payable office/shop | | \$887.78 | |
| Fuel #145 | | \$1,806.54 | |
| Accounts Payble #145 | | \$821.78 | |
| Fuel #148 | | \$1,180.11 | |
| Accounts Payable #148 | | \$315.11 | |
| Accounts Payable #147 | | \$25.05 | |
| Accounts Payble #153 | | \$106.02 | |
| Accounts Payable #154 | | \$87.33 | |
| Accounts Payble #155 | | \$11.35 | |
| Accounts Payble F350 | | \$29.08 | |
| Accounts Payable Tractor | | \$6.08 | |
| Total Monthly Expenses | | | \$19,748.24 |
| Net Monthly Income: | | | \$887.02 |

| F | ill in this inforr | nation to iden | tify your case: | | | Oh. | l - :£ 4l-: | _ : | |
|------------|--|---|--|-------------|-------------------|--------|-------------|-------------------------------|----------------------------------|
| | Debtor 1 | Timothy | Wayne | Gioss | alhart | | eck if this | s is: ended filing | |
| | Debior 1 | First Name | Middle Name | Last Na | | 뮤 | | ended ming plement showing | postpetition |
| | Debtor 2 | Sherri | Colette | Giesa | alhart | ╽╙ | chapte | er 13 expenses as | |
| | (Spouse, if filing) | First Name | Middle Name | Last Na | | | followi | ng date: | |
| | United States Bank | ruptcy Court for th | ne: WESTERN DIS | TRICT OF | TEXAS | | MM / E | DD / YYYY | _ |
| | Case number (if known) | 17-50706-G | | | | | | | |
| Of | ficial Form 10 | 06J | | | | | | | |
| Sc | hedule J: Yo | our Expens | es | | | | | | 12/15 |
| cor nar | rect information. ne and case numb | If more space is | ble. If two married peneeded, attach anothenswer every question. | er sheet to | | | | | |
| 1. | Is this a joint cas | se? | | | | | | | |
| 2. | ✓ No | Debtor 2 live in a s. Debtor 2 must endents? | separate household? file Official Form 106J- No Yes. Fill out this inf for each dependent | -2, Expense | Dependent's relat | ionshi | | 2. Dependent's age | Does dependent live with you? |
| | Debtor 2. | | for each dependent | | Daughter | | | 4 | □ No |
| | Do not state the dinames. | lependents' | | | | | | | Yes |
| 3. | Do your expense expenses of peo yourself and you | ple other than | ☑ No □ Yes | | | | | | No Yes |
| Р | art 2: Estim | ate Your Ong | oing Monthly Exp | enses | | | | | |
| to r | | of a date after t | nkruptcy filing date u ne bankruptcy is filed | - | - | | | • | |
| | | | sh government assis on Schedule I: Your Ir | - | | | | Your expens | es |
| 4. | | • | penses for your resid d any rent for the grour | | | | | 4. | \$0.00 |
| | If not included in | line 4: | - | | | | | | |
| | 4a. Real estate t | axes | | | | | | 4a | |
| | 4b. Property, hor | meowner's, or ren | ter's insurance | | | | | 4b | |
| | 4c. Home mainte | enance, repair, an | d upkeep expenses | | | | | 4c | \$50.00 |
| | 4d. Homeowner' | s association or c | ondominium dues | | | | | 4d. | \$0.00 |

Case number (if known) 17-50706-G

| | Your expe | nses |
|---|-----------|----------|
| 5. Additional mortgage payments for your residence, such as home equity loans | 5 | \$0.00 |
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. | \$250.00 |
| 6b. Water, sewer, garbage collection | 6b | \$50.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$250.00 |
| 6d. Other. Specify: | 6d. | \$0.00 |
| 7. Food and housekeeping supplies | 7. | \$650.00 |
| 8. Childcare and children's education costs | 8. | \$0.00 |
| 9. Clothing, laundry, and dry cleaning | 9. | \$100.00 |
| 10. Personal care products and services | 10. | \$50.00 |
| 11. Medical and dental expenses | 11. | \$50.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$200.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$141.64 |
| 14. Charitable contributions and religious donations | 14. | \$50.00 |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a | \$0.00 |
| 15b. Health insurance | 15b | \$0.00 |
| 15c. Vehicle insurance | 15c | \$150.00 |
| 15d. Other insurance. Specify: insurance on business equipmen | 15d | \$959.52 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16 | \$0.00 |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a | \$0.00 |
| 17b. Car payments for Vehicle 2 | 17b. | \$0.00 |
| 17c. Other. Specify: | 17c. | \$0.00 |
| 17d. Other. Specify: | 17d | \$0.00 |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18 | \$0.00 |
| 19. Other payments you make to support others who do not live with you. Specify: | 19 | \$0.00 |

| Debtor 1 Debtor 2 | | Timothy Wayne Giesalhart Sherri Colette Giesalhart | Case number (if known) | 17-50706-G | |
|----------------------|---|---|------------------------|------------|--|
| | | real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income. | | | |
| | 20a. | Mortgages on other property | 20a | \$0.00 | |
| | 20b. | Real estate taxes | 20b | \$0.00 | |
| | 20c. | Property, homeowner's, or renter's insurance | 20c | \$0.00 | |
| | 20d. | Maintenance, repair, and upkeep expenses | 20d | \$0.00 | |
| | 20e. | Homeowner's association or condominium dues | 20e | \$0.00 | |
| 21. | Other | Specify: | 21. +_ | | |
| 22. | Calcu | late your monthly expenses. | | | |
| | 22a. | Add lines 4 through 21. | 22a | \$2,951.16 | |
| | 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. | 22b | | |
| | 22c. | Add line 22a and 22b. The result is your monthly expenses. | 22c | \$2,951.16 | |
| 23. | Calcu | late your monthly net income. | | | |
| | 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a | \$6,801.16 | |
| | 23b. | Copy your monthly expenses from line 22c above. | 23b. _ _ | \$2,951.16 | |
| | 23c. | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c | \$3,850.00 | |
| 24. | Do yo | ou expect an increase or decrease in your expenses within the year after you | file this form? | | |
| | For example, do you expect to finish paying for your car loan within the year or do you expect your mort payment to increase or decrease because of a modification to the terms of your mortgage? | | . , | | |
| | ✓ No. Yes. Explain here: None. | | | | |
| | | | | | |

| Fill in this inf | | | | |
|---------------------------|-------------------|----------------------|----------------------|--|
| Debtor 1 | Timothy | Wayne | Giesalhart | |
| Debtor 2 | First Name Sherri | Middle Name Colette | Last Name Giesalhart | |
| (Spouse, if filing) | | Middle Name | Last Name | |
| United States Ba | | | | |
| Case number (if known) | 17-50706-G | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | rect information. Fill out all of your schedules first; then complete the information on this form. If you are filin redules after you file your original forms, you must fill out a new Summary and check the box at the top of this | |
|----|--|------------------------------------|
| Р | art 1: Summarize Your Assets | |
| | | Your assets Value of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) | |
| | 1a. Copy line 55, Total real estate, from Schedule A/B | \$37,830.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$159,343.12 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$197,173.12 |
| Р | art 2: Summarize Your Liabilities | |
| | | Your liabilities Amount you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$134,170.45 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$2,200.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$57,195.91 |
| | Your total liabilities | \$193,566.36 |
| P | art 3: Summarize Your Income and Expenses | |
| | art 3. Summarize rour income and Expenses | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$6,801.16 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$2,951.16 |

| Debtor 1 Debtor 2 | | Timothy Wayne Giesalhart Sherri Colette Giesalhart | Case number (if known)17-50706-G |
|---|-----------|---|---|
| P | art 4: | Answer These Questions for Administrative and Statisti | cal Records |
| 6. | Are yo | u filing for bankruptcy under Chapters 7, 11, or 13? | |
| | □ No ✓ Ye | o. You have nothing to report on this part of the form. Check this box and ses | ubmit this form to the court with your other schedules. |
| 7. | What k | kind of debt do you have? | |
| | ت ا | our debts are primarily consumer debts. Consumer debts are those "incumily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for static | |
| | | our debts are not primarily consumer debts. You have nothing to report of is form to the court with your other schedules. | on this part of the form. Check this box and submit |
| 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | | | onthly income from \$9,409.02 |
| 9. | Copy t | he following special categories of claims from Part 4, line 6 of Schedule | e <i>E/F:</i> |
| | | | Total claim |
| | From F | Part 4 on Schedule E/F, copy the following: | |
| | 9a. Do | omestic support obligations. (Copy line 6a.) | \$0.00 |
| | 9b. Ta | axes and certain other debts you owe the government. (Copy line 6b.) | \$0.00 |
| | 9c. CI | laims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 |
| | 9d. St | tudent loans. (Copy line 6f.) | <u>\$0.00</u> |

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$0.00

\$0.00

| Fill in this information to identify your case: | | | | | |
|---|--------------------|----------------------|-------------------------|--|--|
| Debtor 1 | Timothy First Name | Wayne Middle Name | Giesalhart Last Name | | |
| Debtor 2 | Sherri | Colette | Giesalhart | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS | | | | | |
| Case number (if known) 17-50706-G | | | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|---|--|
| Did you pay or agree to pay someone who is N | NOT an attorney to help you fill out bankruptcy forms? |
| ☑ No | |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | |
| Under penalty of perjury, I declare that I have r true and correct. | read the summary and schedules filed with this declaration and that they are |
| X /s/ Timothy Wayne Giesalhart Timothy Wayne Giesalhart, Debtor 1 | X /s/ Sherri Colette Giesalhart Sherri Colette Giesalhart, Debtor 2 |
| Date <u>04/06/2017</u> MM / DD / YYYY | Date <u>04/06/2017</u> MM / DD / YYYY |

| Fill in this information to identify your case: | | | | | |
|---|---------------|-------------|------------|--|---|
| Debtor 1 | Timothy | Wayne | Giesalhart | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Sherri | Colette | Giesalhart | | |
| (Spouse, if filing | g) First Name | Middle Name | Last Name | | |
| United States B | | | | | |
| Case number <u>17-50706-G</u> | | | | | |
| (if known) | | | | | L |
| | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

| 1. | What is your current marital status? ✓ Married Not married |
|----|--|
| 2. | During the last 3 years, have you lived anywhere other than where you live now? |
| | ⋈ No |
| | Yes. List all of the places you lived in the last 3 years. Do not include where you live now. |
| 3. | Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) |
| | No ✓ Yes. Make sure you fill out <i>Schedule H: Your Codebtors</i> (Official Form 106H). |

| | | Timothy Wayne Giesalhart Sherri Colette Giesalhart | Case number (if known) 17-50706-G | | | |
|-----------------|--|--|---|--|--|--|
| Part 2: | | Explain the Sources of Your Income | | | | |
| 4. | 4. Did you have any income from employment or from operating a business of Fill in the total amount of income you received from all jobs and all businesses, If you are filing a joint case and you have income that you receive together, list | | luding part-time activities. | | | |
| | ✓ No ☐ Yes | . Fill in the details. | | | | |
| 5. | Did you receive any other income during this year or the two previous cale Include income regardless of whether that income is taxable. Examples of othe unemployment; and other public benefit payments; pensions; rental income; inte and gambling and lottery winnings. If you are in a joint case and you have incor Debtor 1. | | come are alimony; child support; Social Security; st; dividends; money collected from lawsuits; royalties; | | | |
| | List eacl | h source and the gross income from each source separately. Do not include | le income that you listed in line 4. | | | |
| | ✓ No ☐ Yes. Fill in the details. | | | | | |
| Р | art 3: | List Certain Payments You Made Before You Filed for B | ankruptcy | | | |
| 6. | Are eith | er Debtor 1's or Debtor 2's debts primarily consumer debts? | | | | |
| | □ No. | Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Cons "incurred by an individual primarily for a personal, family, or household p | | | | |
| | | During the 90 days before you filed for bankruptcy, did you pay any cred | itor a total of \$6,425* or more? | | | |
| | | □ No. Go to line 7. | | | | |
| | | Yes. List below each creditor to whom you paid a total of \$6,425* or total amount you paid that creditor. Do not include payments find child support and alimony. Also, do not include payments to a | or domestic support obligations, such as | | | |
| | | * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. | | | | |
| | ☑ Yes | Debtor 1 or Debtor 2 or both have primarily consumer debts. | | | | |
| | During the 90 days before you filed for bankruptcy, did you page | | itor a total of \$600 or more? | | | |
| ☑ No. Go | | No. Go to line 7. | | | | |
| | | Yes. List below each creditor to whom you paid a total of \$600 or more creditor. Do not include payments for domestic support obligated Also, do not include payments to an attorney for this bankrupton. | ions, such as child support and alimony. | | | |

| | Debtor 1 Timothy Wayne Giesalhart Debtor 2 Sherri Colette Giesalhart Case | e number (if known) | 17-50706-G | |
|--|--|---|--|--|
| 7. Within 1 year before you filed for bankruptcy, did you make a payment on Insiders include your relatives; any general partners; relatives of any general p corporations of which you are an officer, director, person in control, or owner of agent, including one for a business you operate as a sole proprietor. 11 U.S.C such as child support and alimony. | | ou owed anyone who artnerships of which y nore of their voting se | o was an insider? you are a general partner; ecurities; and any managing | |
| | ✓ No✓ Yes. List all payments to an insider. | | | |
| 8. | 8. Within 1 year before you filed for bankruptcy, did you make any payments or transf benefited an insider? | er any property on a | account of a debt that | |
| | Include payments on debts guaranteed or cosigned by an insider. | | | |
| | ✓ No✓ Yes. List all payments that benefited an insider. | | | |
| | | | | |
| P | Part 4: Identify Legal Actions, Repossessions, and Foreclosures | | | |
| 9. | . Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. | | | |
| | ✓ No Yes. Fill in the details. | | | |
| 10. | 10. Within 1 year before you filed for bankruptcy, was any of your property repossesses seized, or levied? Check all that apply and fill in the details below. | repossessed, foreclosed, garnished, attached, | | |
| | ✓ No. Go to line 11.✓ Yes. Fill in the information below. | | | |
| 11. | 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank of amounts from your accounts or refuse to make a payment because you owed a deb | | n, set off any | |
| | ✓ No✓ Yes. Fill in the details. | | | |
| 12. | 12. Within 1 year before you filed for bankruptcy, was any of your property in the posse creditors, a court-appointed receiver, a custodian, or another official? | ession of an assign | ee for the benefit of | |
| ✓ No ☐ Yes | | | | |

| Debtor 1 Debtor 2 | | Timothy Wayne Giesalhart Sherri Colette Giesalhart | Ca | ase number (if knowr | n) <u>17-50706</u> | -G | | |
|---|--|---|---|----------------------|----------------------------|-------------------|--|--|
| Part 5: | | List Certain Gifts and Contributions | | | | | | |
| 13. | Within 2 | 2 years before you filed for ba | kruptcy, did you give any gifts with a total | value of more than | \$600 per perso | on? | | |
| | ✓ No ☐ Yes | s. Fill in the details for each gift. | | | | | | |
| 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? | | | | | an \$600 | | | |
| | ✓ No ☐ Yes | s. Fill in the details for each gift | or contribution. | | | | | |
| P | art 6: | List Certain Losses | | | | | | |
| 15. | | 1 year before you filed for bandisaster, or gambling? | cruptcy or since you filed for bankruptcy, di | d you lose anything | g because of ti | neft, fire, | | |
| | ✓ No ☐ Yes | s. Fill in the details. | | | | | | |
| P | art 7: | List Certain Payments | or Transfers | | | | | |
| | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy. No Yes. Fill in the details. | | | | | | | |
| | | s of Raymond J. Vale, Jr., F | Description and value of any property | or | te payment transfer was | Amount of payment | | |
| | on Who W Phoen | ras Paid ix Building | | | 03/30/2017 | \$1,500.00 | | |
| Num | nber Stre | | _ | _ | | , , | | |
| Saı City | n Antoni | State ZIP Code | | | | | | |
| Ema | il or websit | e address | | | | | | |
| Person Who Made the Payment, if Not You | | ade the Payment, if Not You | <u> </u> | | | | | |
| 17. | anyone | | cruptcy, did you or anyone else acting on you with your creditors or to make payments that you listed on line 16. | | ansfer any pro | perty to | | |
| | ✓ No ☐ Yes | . Fill in the details. | | | | | | |

| | btor 1 Timothy Wayne Giesalhart btor 2 Sherri Colette Giesalhart Cas | se number (if known) 17-50706-G |
|-----|---|--|
| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise traproperty transferred in the ordinary course of your business or financial affairs? | nsfer any property to anyone, other than |
| | Include both outright transfers and transfers made as security (such as granting of a se Do not include gifts and transfers that you have already listed on this statement. | curity interest or mortgage on your property). |
| | ✓ No ☐ Yes. Fill in the details. | |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a you are a beneficiary? (These are often called asset-protection devices.) | self-settled trust or similar device of which |
| | ✓ No ☐ Yes. Fill in the details. | |
| Pa | art 8: List Certain Financial Accounts, Instruments, Safe Deposit | Boxes, and Storage Units |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instr benefit, closed, sold, moved, or transferred? | uments held in your name, or for your |
| | Include checking, savings, money market, or other financial accounts; certificates of de houses, pension funds, cooperatives, associations, and other financial institutions. | posit; shares in banks, credit unions, brokerage |
| | ✓ No ☐ Yes. Fill in the details. | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, a for securities, cash, or other valuables? | ny safe deposit box or other depository |
| | ✓ No ☐ Yes. Fill in the details. | |
| 22. | Have you stored property in a storage unit or place other than your home within 1 | year before you filed for bankruptcy? |
| | ✓ No ☐ Yes. Fill in the details. | |
| Pá | art 9: Identify Property You Hold or Control for Someone Else | |
| 23. | Do you hold or control any property that someone else owns? Include any prope or hold in trust for someone. | ty you borrowed from, are storing for, |
| | ✓ No ☐ Yes. Fill in the details. | |
| | | |

| | otor 1 otor 2 | Timothy Wayne Giesalhart Sherri Colette Giesalhart | Case number (if known) _ 17-50 |)706-G |
|-----|------------------|--|-------------------------------------|---------------|
| Ρ | art 10: | Give Details About Environmental Information | | |
| For | the purp | pose of Part 10, the following definitions apply: | | |
| ı | hazardoı | mental law means any federal, state, or local statute or regulation concussion or toxic substance, wastes, or material into the air, land, soil, surfacting statutes or regulations controlling the cleanup of these substances, was the cleanup of these substances, was the cleanup of the second stances. | ce water, groundwater, or other | |
| | | ans any location, facility, or property as defined under any environmen or used to own, operate, or utilize it, including disposal sites. | tal law, whether you now own, c | perate, or |
| | | us material means anything an environmental law defines as a hazard ce, hazardous material, pollutant, contaminant, or similar item. | ous waste, hazardous substanc | e, toxic |
| Rep | oort all n | otices, releases, and proceedings that you know about, regardless of | when they occurred. | |
| 24. | Has an | y governmental unit notified you that you may be liable or potentially l | iable under or in violation of an e | environmental |
| | ✓ No | s. Fill in the details. | | |
| 25. | ☑ No | ou notified any governmental unit of any release of hazardous materias. Fill in the details. | 1? | |
| 26. | Have you | ou been a party in any judicial or administrative proceeding under any | environmental law? Include set | tlements and |
| | ☑ No □ Yes | s. Fill in the details. | | |
| P | art 11: | Give Details About Your Business or Connections to A | ny Business | |
| 27. | Within busines | 4 years before you filed for bankruptcy, did you own a business or haves? | e any of the following connection | ons to any |
| | | A sole proprietor or self-employed in a trade, profession, or other activity, A member of a limited liability company (LLC) or limited liability partnersh A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation | | |
| | | . None of the above applies. Go to Part 12. s. Check all that apply above and fill in the details below for each business | | |
| 28. | | 2 years before you filed for bankruptcy, did you give a financial statem ncial institutions, creditors, or other parties. | ent to anyone about your busing | ess? Include |
| | □ No | s. Fill in the details below. | | |

| Debtor 2 | Sherri Colette Giesalhart | | | Case number (if known) | 17-50706-G |
|--------------------------|--|---|---------------------|-----------------------------|---|
| Part 12 | : Sign Below | | | | |
| that answe property b | ers are true and correct. I understan y fraud in connection with a bankru | nd that making a f ptcy case can res | alse statement, c | oncealing property, or obta | aining money or |
| | nothy Wayne Giesalhart | | | | |
| Date _ | 04/06/2017 | Date | 04/06/2017 | Debiol 2 | |
| Did you at | tach additional pages to Your Staten | ment of Financial | Affairs for Individ | uals Filing for Bankruptcy | (Official Form 107)? |
| ☑ No □ Yes | | | | | |
| Did you pa | Sherri Colette Giesalhart Sign Below The answers on this Statement of Financial Affairs and any are are true and correct. I understand that making a false state of fraud in connection with a bankruptcy case can result in fine 3 U.S.C. §§ 152, 1341, 1519, and 3571. Othy Wayne Giesalhart Wayne Giesalhart Wayne Giesalhart, Debtor 1 Date 04/06/2017 Date 04/06 Affairs for a statement of Financial Affairs for a | help you fill out b | pankruptcy forms? | | |
| ☑ No □ Yes. N | lame of person | | | | ptcy Petition Preparer's Notice, ignature (Official Form 119). |
| | | | | Decidiation, and of | ignaturo (Omolai i Omi 119). |

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS SAN ANTONIO DIVISION

| In re | Timothy Wayne Giesalhart | Case No. | 17-50706-G |
|-------|---------------------------|----------|------------|
| | Sherri Colette Giesalhart | | |
| | | Chapter | 13 |

| | | • |
|----|---|--|
| | DISCLOSURE OF COMPENSATION OF ATTORNE | Y FOR DEBTOR |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorthat compensation paid to me within one year before the filing of the petition in bankru services rendered or to be rendered on behalf of the debtor(s) in contemplation of or is as follows: | uptcy, or agreed to be paid to me, for |
| | For legal services, I have agreed to accept | \$3,700.00 |
| | Prior to the filing of this statement I have received | \$1,500.00 |
| | Balance Due | \$2,200.00 |
| 2. | The source of the compensation paid to me was: | |
| | ☑ Debtor ☐ Other (specify) | |
| 3. | The source of compensation to be paid to me is: | |
| | ☑ Debtor ☐ Other (specify) | |
| 4. | ✓ I have not agreed to share the above-disclosed compensation with any other per associates of my law firm. | rson unless they are members and |
| | ☐ I have agreed to share the above-disclosed compensation with another person of associates of my law firm. A copy of the agreement, together with a list of the nat compensation, is attached. | • |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all asp | ects of the bankruptcy case, including: |
| | a. Analysis of the debtor's financial situation, and rendering advice to the debtor in debankruptcy; | etermining whether to file a petition in |
| | b. Preparation and filing of any petition, schedules, statements of affairs and plan wh | ich may be required; |
| | c. Representation of the debtor at the meeting of creditors and confirmation hearing, | and any adjourned hearings thereof: |

| B2030 | Form | 2030) | (12/15) |
|-------|------|-------|---------|
| | | | |

| 6. E | By agreement with the | debtor(s), the | above-disclosed for | ee does not i | include the t | following services: |
|------|-----------------------|----------------|---------------------|---------------|---------------|---------------------|
|------|-----------------------|----------------|---------------------|---------------|---------------|---------------------|

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

04/06/2017 /s/ Raymond J. Vale, Jr. Raymond J. Vale, Jr. Law Offices of Raymond J. Vale, Jr., PC Bar No. 00788573 Date The Phoenix Building 1207 S. Presa, Suite 100 San Antonio, Texas 78210 Phone: (210) 532-2206 / Fax: (210) 532-2296

/s/ Timothy Wayne Giesalhart /s/ Sherri Colette Giesalhart

Timothy Wayne Giesalhart

Sherri Colette Giesalhart

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS SAN ANTONIO DIVISION

IN RE: Timothy Wayne Giesalhart CASE NO 17-50706-G
Sherri Colette Giesalhart

Date <u>4/6/2017</u>

CHAPTER 13

VERIFICATION OF CREDITOR MATRIX

| | The above named Debtor hereby verifies that the | e attached | list of creditors is true and correct to the best of his/her |
|------|---|------------|--|
| know | edge. | | |
| | | | |
| | | | |
| | | | |
| Date | 4/6/2017 | Signature | /s/ Timothy Wayne Giesalhart |
| | | | Timothy Wayne Giesalhart |
| | | | |
| | | | |

Signature _/s/ Sherri Colette Giesalhart

Sherri Colette Giesalhart

| FI | ll in this inf | formation to iden | tify your case: | | Check as o | directed in lines 1 | 7 and 21: |
|-----|--|---|--|--|--|--|--------------------------------|
| De | btor 1 | Timothy First Name | Wayne Middle Name | Giesalhart Last Name | According to Statement: | the calculations require | d by this |
| | btor 2 bouse, if filing) | Sherri First Name | Colette Middle Name | Giesalhart Last Name | | ble income is not deter | mined |
| | | inkruptcy Court for the | | | 2. Disposal | ble income is determine U.S.C. § 1325(b)(3). | ed |
| Ca | se number | 17-50706-G | | | 3. The com | ımitment period is 3 yea | ars. |
| | known) | 17 50700 5 | | | | mitment period is 5 year | |
| Off | icial Form | 122C-1 | | | ☐ Check if th | nis is an amended filing |] |
| Ch | apter 13 | Statement of ` | | Monthly Income | | | 12 |
| and | d Calcula | tion of Comm | itment Perio | 0 | | | 12/ |
| | ort 1: Ca | Iculate Your Ave | rage Monthly In | | | | |
| ۱. | What is your | marital and filing sta | atus? Check one on | ly. | | | |
| | ☐ Not mar | ried. Fill out Column | A, lines 2-11. | | | | |
| | ✓ Married | . Fill out both Column | s A and B, lines 2-1 | 1. | | | |
| | bankruptcy of August 31. If in the result. | case. 11 U.S.C. § 10 the amount of your m Do not include any inc | 1(10A). For example conthly income varied come amount more to | I from all sources, derived on all sources, derived on any one septemble during the 6 months, add the han once. For example, if book on thing to report for any leave nothing the nothing to report for any leave nothing the noth | per 15, the 6-mont e income for all 6 oth spouses own th | h period would be Marc months and divide the ne same rental property | ch 1 through total by 6. Fi |
| | | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| 2. | _ | vages, salary, tips, b yroll deductions). | onuses, overtime, a | and commissions | \$8,522.00 | \$0.00 | |
| 3. | Alimony and | maintenance payme | ents. Do not include | payments from a spouse. | \$0.00 | \$0.00 | |
| 1. | expenses of regular contril your depende | from any source whi you or your depende butions from an unma ents, parents, and roor not include payments y | ents, including child rried partner, membe mmates. Do not incl | d support. Include ers of your household, | \$0.00 | \$0.00 | |
| 5. | Net income f | rom operating a bus | iness, profession, o | or farm | | | |
| | | | Debtor 1 | Debtor 2 | | | |
| | Gross receipt deductions) | • | \$20,635.26 | \$0.00 | | | |
| | Ordinary and expenses | necessary operating | | \$0.00_ Сору | | | |
| | Not monthly in | ncome from a husines | s \$887.02 | \$0.00 boro | \$887.02 | \$0.00 | |

profession, or farm

Column A Column B Debtor 1 Debtor 2 or non-filing spouse Net income from rental and other real property Debtor 2 Debtor 1 \$0.00 \$0.00 Gross receipts (before all deductions) \$0.00 \$0.00 Ordinary and necessary operating expenses Copy \$0.00 here \$0.00 \$0.00 \$0.00 Net monthly income from rental or other real property Interest, dividends, and royalties \$0.00 \$0.00 Unemployment compensation \$0.00 \$0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you..... \$0.00 For your spouse..... Pension or retirement income. Do not include any amount received that \$0.00 \$0.00 was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. \$9.409.02 \$0.00 \$9,409,02 Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** \$9,409.02 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. \square You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If

If this adjustment does not apply, enter 0 below.

14. Your current monthly income. Subtract the total in line 13 from line 12.

necessary, list additional adjustments on a separate page.

\$9,409.02

Copy here

\$0.00

| | otor 1 otor 2 | | imothy Wayne Giesalhart Case number (if known) 17-50706-G | |
|-----|------------------|--------|---|--------------|
| 15. | Calc | ulate | your current monthly income for the year. Follow these steps: | |
| | 15a. | Cop | py line 14 here 😝 | \$9,409.02 |
| | | Mu | ltiply line 15a by 12 (the number of months in a year). | X 12 |
| | 15b. | The | e result is your current monthly income for the year for this part of the form. | \$112,908.24 |
| 16. | Calc | ulate | the median family income that applies to you. Follow these steps: | |
| | 16a. | Fill | in the state in which you live. | |
| | 16b. | Fill | in the number of people in your household. | |
| | 16c. | То | in the median family income for your state and size of household | \$75,885.00 |
| 17. | How | do ti | he lines compare? | |
| | 17a. | | Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, <i>Disposable income is under 11 U.S.C.</i> § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form | |
| | 17b. | Ø | Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, <i>Disposable income is determined</i> 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-On line 39 of that form, copy your current monthly income from line 14 above. | |
| P | art 3 | | Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) | |
| 18. | Cop | y you | ır total average monthly income from line 11. | \$9,409.02 |
| 19. | that | calcul | ne marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend lating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's copy the amount from line 13. | |
| | 19a. | If th | he marital adjustment does not apply, fill in 0 on line 19a. | \$0.00 |
| | 19b. | Sul | btract line 19a from line 18. | \$9,409.02 |
| 20. | Calc | ulate | your current monthly income for the year. Follow these steps: | |
| | 20a. | Cop | py line 19b | \$9,409.02 |
| | | Mu | ltiply by 12 (the number of months in a year). | X 12 |
| | 20b. | The | e result is your current monthly income for the year for this part of the form. | \$112,908.24 |
| | 20c. | Cop | py the median family income for your state and size of household from line 16c. | \$75,885.00 |
| 21. | How | do ti | he lines compare? | |
| | | | 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, k box 3, <i>The commitment period is 3 years</i> . Go to Part 4. | |
| | | | 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 is form, check box 4, <i>The commitment period is 5 years</i> . Go to Part 4. | |

| Debtor 1 Debtor 2 | Sherri Colette Giesalhart Tt 4: Sign Below By signing here, under penalty of perjury I declare that the inform X /s/ Timothy Wayne Giesalhart Timothy Wayne Giesalhart, Debtor 1 | Case number (if known) 17-50706-G |
|----------------------|--|---|
| Part 4: | Sign Below | |
| By sigr | ning here, under penalty of perjury I declare that th | e information on this statement and in any attachments is true and correct. |
| ¥ /s/ | Timothy Wayne Giesalhart | ★ /s/ Sherri Colette Giesalhart |
| <u> </u> | · · · | Sherri Colette Giesalhart, Debtor 2 |
| Dat | te 4/6/2017 | Date 4/6/2017 |
| | MM / DD / YYYY | MM / DD / YYYY |

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

| Fill in this information to identify your case: | | | | | | |
|---|------------|-------------|------------|--|--|--|
| Debtor 1 | Timothy | Wayne | Giesalhart | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 Sherri Colette Giesalhart | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS | | | | | | |
| Case number (if known) 17-50706-G | | | | | | |

☐ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1,509.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

| People who are under 65 years of age | | | | | |
|--|----------|--------|----------|--------|----------|
| 7a. Out-of-pocket health care allowance per person | \$54.00 | | | | |
| 7b. Number of people who are under 65 | x4 | Сору | | | |
| 7c. Subtotal. Multiply line 7a by line 7b. | \$216.00 | here 😝 | \$216.00 | | |
| People who are 65 years of age or older | | | | | |
| 7d. Out-of-pocket health care allowance per person | \$130.00 | | | | |
| 7e. Number of people who are 65 or older | x0 | Сору | | | |
| 7f. Subtotal. Multiply line 7d by line 7e. | \$0.00 | here → | +\$0.00 | Сору | |
| 7g. Total. Add lines 7c and 7f | | | \$216.00 | here 🛶 | \$216.00 |

Local Standards

You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities -- Insurance and operating expenses
- Housing and utilities -- Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. Housing and utilities -- Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses.

\$617.00

- Housing and utilities -- Mortgage or rent expenses:
 - 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.

\$1,328.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

| Name of the creditor | Average monthly payment | | |
|-----------------------------------|-------------------------|--------------|------------|
| | | | |
| 4 | | | |
| 9b. Total average monthly payment | \$0.00 Co | opy ere → | \$0.00 |
| Net mortgage or rent expense. | | | |

9c.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

| \$1,328.00 | Copy here | \$1,328.00 |
|------------|--------------|------------|
| | 1 | |

Repeat this amount on

line 33a.

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

| Explain | |
|---------|--|
| why: | |

- 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.
 - ☐ 0. Go to line 14.
 - ☐ 1. Go to line 12.
 - 2 or more. Go to line 12.
- 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

\$440.00

13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

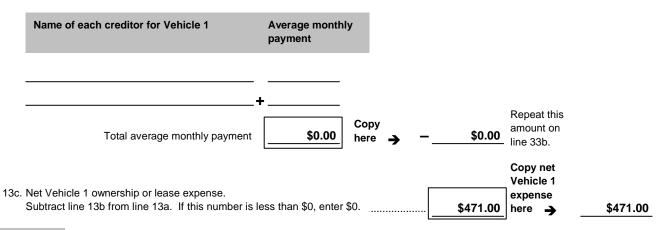
Vehicle 1

Describe Vehicle 1:

- 13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.



Vehicle 2

Describe Vehicle 2:

Name of each creditor for Vehicle 2

- 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

| | payment | | | | |
|---|---------------------|----------------|----------|---------------------------------|----------|
| Total average monthly payment | \$0.00 | Copy here → | \$0.00 | Repeat this amount on line 33c. | |
| f. Net Vehicle 2 ownership or lease expense. Subtract line 13e from 13d. If this number is less the | han \$0, enter \$0. | | \$471.00 | Copy net Vehicle 2 expense here | \$471.00 |

Average monthly

14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.

\$0.00

13f.

| Debto Debto | | Case number (if known) 17-50706-G | | | |
|----------------|--|---|------------|--|--|
| 15. | | claimed 1 or more vehicles in line 11 and if you claim that you may ay fill in what you believe is the appropriate expense, but you may blic Transportation. | \$0.00 | | |
| Oth | Pr Necessary Expenses In addition to the expenses following IRS categor | ense deductions listed above, you are allowed your monthly expenses ies. | s for the | | |
| 16. | employment taxes, social security taxes, and Medic | pay for federal, state and local taxes, such as income taxes, self- care taxes. You may include the monthly amount withheld from receive a tax refund, you must divide the expected refund by 12 ount that is withheld to pay for taxes. | \$0.00 | | |
| 17. | union dues, and uniform costs. | deductions that your job requires, such as retirement contributions, ur job, such as voluntary 401(k) contributions or payroll savings. | \$0.00 | | |
| 18. | filing together, include payments that you make for | rou pay for your own term life insurance. If two married people are your spouse's term life insurance. dependents, for a non-filing spouse's life insurance, or for any | \$0.00 | | |
| 19. | agency, such as spousal or child support payments | unt that you pay as required by the order of a court or administrative. r spousal or child support. You will list these obligations in line 35. | \$0.00 | | |
| 20. | Education: The total monthly amount that you pay ■ as a condition for your job, or ■ for your physically or mentally challenged depen | for education that is either required: Ident child if no public education is available for similar services. | \$0.00 | | |
| 21. | Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. | | | | |
| 22. | Additional health care expenses, excluding insu | rance costs: The monthly amount that you pay for health care that dependents and that is not reimbursed by insurance or paid by a lat is more than the total entered in line 7. | \$0.00 | | |
| 23. | for you and your dependents, such as pagers, call very phone service, to the extent necessary for your hear of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, | e total monthly amount that you pay for telecommunication services waiting, caller identification, special long distance, or business cell lith and welfare or that of your dependents or for the production, internet and cell phone service. Do not include self-employment ial Form 122C-1, or any amount you previously deducted. | +\$0.00 | | |
| 24. | Add all of the expenses allowed under the IRS exact Add lines 6 through 23. | | \$5,052.00 | | |
| Add | • | onal deductions allowed by the Means Test. lude any expense allowances listed in lines 6-24. | | | |
| 25. | Health insurance, disability insurance, and healt | th savings account expenses. The monthly expenses for health accounts that are reasonably necessary for yourself, your | | | |
| | Health insurance | \$0.00 | | | |
| | Disability insurance | \$0.00 | | | |
| | Health savings account + | \$0.00 | | | |
| | Total | \$0.00 Copy total here | \$0.00 | | |
| | Do you actually spend this total amount? | | | | |
| | No. How much do you actually spend?✓ Yes | | | | |
| 26. | will continue to pay for the reasonable and necessa | d or family members. The actual monthly expenses that you ry care and support of an elderly, chronically ill, or disabled ediate family who is unable to pay for such expenses. These of a qualified ABLE program. 26 U.S.C. § 529A(b). | \$0.00 | | |

| Debto | | mothy Wayne Giesalhart herri Colette Giesalhart Case number (if known) 17-507 | '06-G | |
|-------|---|---|--------|--------|
| 27. | 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. | | | \$0.00 |
| 28. | 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. | | | |
| | | lieve that you have home energy costs that are more than the home energy costs included in expenses on en fill in the excess amount of home energy costs. | ı | |
| | | t give your case trustee documentation of your actual expenses, and you must show that the additional claimed is reasonable and necessary. | | |
| 29. | \$160.42* p | on expenses for dependent children who are younger than 18. The monthly expenses (not more than per child) that you pay for your dependent children who are younger than 18 years old to attend a private ementary or secondary school. | or | \$0.00 |
| | | t give your case trustee documentation of your actual expenses, and you must explain why the amount is reasonable and necessary and not already accounted for in lines 6-23. | | |
| | * Subject t | t to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment. | | |
| 30. | higher than | all food and clothing expense. The monthly amount by which your actual food and clothing expenses are an the combined food and clothing allowances in the IRS National Standards. That amount cannot be mo of the food and clothing allowances in the IRS National Standards. | | |
| | | chart showing the maximum additional allowance, go online using the link specified in the separate ons for this form. This chart may also be available at the bankruptcy clerk's office. | | |
| | You must | t show that the additional amount claimed is reasonable and necessary. | | |
| 31. | | ing charitable contributions. The amount that you will continue to contribute in the form of cash or financints to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). | cial + | \$0.00 |
| | Do not inc | clude any amount more than 15% of your gross monthly income. | | |
| 32. | | of the additional expense deductions. s 25 though 31. | | \$0.00 |

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

| | | | | • | • | | | | rage monthly ment | | |
|-----|--------------|---|------------------|--|--------------------|----------------|--------------------------|----|-----------------------|-----------------|------------|
| | 00- | Mortgages on your | | | | | | | \$0.00 | | |
| | 33a. | Copy line 9b here Loans on your first | | | | | ······- - | - | Ψ0.00 | | |
| | 22h | Copy line 13b here | | | | | | | \$0.00 | | |
| | 33b. | Copy line 13b here | | | | | _ | | \$0.00 | | |
| | 33c. 33d. | List other secured d | | | ••••• | | ········· - 2 | _ | 40.00 | | |
| | Name | e of each creditor for secured debt | | Identify proper secures the de | • | Does painclude | taxes | | | | |
| | Best | Buy Credit Service | es | electronic eq | uipment/ho | ome i | No Yes | _ | \$4.23 | | |
| | Best | Buy Credit Service | es | electronic equ | uipment/ho | ome a | No Yes | - | \$46.17 | | |
| | Kay . | Jewelers | | jewelry | | | | +_ | \$27.48 | | |
| | • | continuation page | • | add linns 220 thre | ab 22d | | Yes | | \$1,718.48 | Copy total | \$1,718.48 |
| | | Total average month ny debts that you lis | | | _ | | | E | | here → | Ψ1,710.40 |
| | ш. | • | • | ust pay to a credi called the cure a | | | - | | | • | |
| Nan | ne of tl | he creditor | Identify pro | • | Total cu amount | | | | Monthly cure mount | | |
| _ | | | | | | | : 60 = | _ | | | |
| | | | | | | ÷ | : 60 = | _ | | | |
| | | | | | | ÷ | ÷ 60 = | +_ | | | |
| | | | | | | | Total | | \$0.00 | Copy total here | \$0.00 |
| 35. | alimo | ou owe any priority ony-that are past du S.C. § 507. | | | | | | | | | |
| | V | No. Go to line 36. | | | | | | | | | |
| | □ ` | | | f these priority cl ims, such as thos | | | | | | | |
| | | Total amount o | f all past-due ¡ | oriority claims | | | | | | ÷ 60 = | \$0.00 |

| 36. | or 2 Sherri Colette Giesalhart | Case number (if known |) 17-50706-G | |
|------|---|-----------------------|-----------------|------------|
| | Projected monthly Chapter 13 plan payment | \$3,850.00 | | |
| | Current multiplier for your district as stated on the list issued by the Administrat Office of the United States Courts (for districts in Alabama and North Carolina) by the Executive Office for United States Trustees (for all other districts). | | | |
| | To find a list of district multipliers that includes your district, go online using the specified in the separate instructions for this form. This list may also be availa at the bankruptcy clerk's office. | e iink ———— | _% | |
| | Average monthly administrative expense | \$385.00 | Copy total here | \$385.00 |
| 37. | Add all of the deductions for debt payment. Add lines 33g through 36. | | | \$2,103.48 |
| Tota | al Deductions from Income | | | |
| 38. | Add all of the allowed deductions. | | | |
| | Copy line 24, All of the expenses allowed under IRS expense allowances | | _ | |
| | Copy line 32, All of the additional expense deductions | \$0.00 | _ | |
| | Copy line 37, All of the deductions for debt payment | + \$2,103.48 | _ | |
| | Total deductions | \$7,155.48 | Copy total here | \$7,155.48 |
| | T 2: Determine Your Disposable Income Under 11 U.S.C. § Copy your total current monthly income from line 14 of Form 122C-1, Chap Statement of Your Current Monthly Income and Calculation of Commitmen | pter 13 | | \$9,409.02 |
| 40. | Fill in any reasonably necessary income you receive for support of dependent monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part 1 of Form 122C-1, the you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. | dent children. | - | |
| 41. | Fill in all qualified retirement deductions. The monthly total of all amounts to your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of load from retirement plans, as specified in 11 U.S.C. § 362(b)(19). | | - | |
| 42. | Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here | → \$7,155.48 | _ | |
| 43. | Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. | d | | |
| | | _ | | |
| | Describe the special circumstances Amount of expense | | | |
| | Describe the special circumstances Amount of expense | | | |
| | Describe the special circumstances Amount of expense | | | |

| | - | yne Giesalhart te Giesalhart | Case number (if k | nown) 17-50706-G |
|------------------------------------|--|--|---|---|
| 44. Total a | djustments. | Add lines 40 through 43 | → \$7,15 | 5.48 Copy here - \$7,155.48 |
| 45. Calcula | • | thly disposable income under § 1325(| b)(2). Subtract line 44 from line 39. | \$2,253.54 |
| 46. Change virtually informa | e in income of certain to ch tion below. F the second of | or expenses. If the income in Form 122 ange after the date you filed your bankru or example, if the wages reported increasolumn, explain why the wages increased | optcy petition and during the time your cased after you filed your petition, check | ease will be open, fill in the 122C-1 in the first column, enter |
| Form | Line | Reason for change | Date of change | Increase or Amount of change decrease? |
| 12 12 12 12 12 12 | 22C-1 22C-2 —— 22C-1 22C-2 —— 22C-1 22C-2 —— 22C-1 22C-2 —— | | | Increase Decrease Increase Decrease Increase Decrease Increase Increase Decrease Decrease Decrease Decrease |
| X <u>/s/ 1</u> Time | imothy Wa | er penalty of perjury you declare that the yne Giesalhart siesalhart, Debtor 1 | information on this statement and in are X /s/ Sherri Colette Gie Sherri Colette Giesalhart Date 4/6/2017 MM / DD / YYYY | salhart |

33. Other secured debts (continued):

| Creditor | Collateral | Does payment include taxes or insurance? | Average monthly payment |
|------------------------------------|--|--|-------------------------|
| The Falls City Natl Ba | trailers | ☑ No ☐ Yes | \$681.67 |
| The Falls City Natl Ba | 2004 International, Model 9900, semi | tr⊨ 🗹 No □ Yes | \$516.70 |
| The Falls City Natl Ba | 1998 Peterbilt Model 379 tractor trail | er ☑ No □ Yes | \$269.93 |
| Wabash national financial services | 2007 XL Special Step Deck, vin#***** | ** [:] ☑ No ☐ Yes | \$172.30 |